

“Top Ten” Faculty Best Practices for the Primary Care Practicum

Thank you for teaching UW School of Medicine students doing their Primary Care Practicum. Your work is important! Here’s how one student explained it:

I think [PCP has] greatly contributed to my learning of material presented in class. I remember patients very clearly and their health conditions make the material from class easier to remember because I can connect a specific human to that condition. It also served as a motivating factor in keeping me engaged. PCP served to remind me why I was studying and how the information I was gleaning from first aid and class would be relevant in actual patient care.

The following best practices are compiled from recent feedback that the students offered about the PCP. While we are unable to send specific feedback to individual faculty yet due to UWSOM confidentiality rules, we want to offer some general insights from our students.

DO

1. Huddle with students to select 1-3 patients per half day for them to interview

- a. *Dr. ____ and I always had a morning huddle to go over the schedule that day and my goals for the day. We also always had a short huddle before I left for the day to talk about how the day went and opportunities for improvement.*
- b. *He was always up to date on what block I was in, making sure I saw and got to interview patients who had concerns related to what I was learning.*

The quality of a student’s encounter with a patient really matters – it’s probably better to have them see a few patients in depth, with a central role in the encounter, than to try to get them in the room to see every patient (or most patients) that you see in a clinic session.

Prepping the student with a couple of sentences about the patient (if known), as well as good questions to ask for a particular concern, such as “red flags” for back pain or indications for antibiotics for a respiratory infection, helps everyone get the most out of the encounter.

2. Give the students a chance to deliver a focused oral case presentation

- a. *He would have me perform physical exams on my own, have me report my findings, then perform the exam himself to see how I did. It was a lot of fun and an amazing learning experience. He would also have me interview patients alone and*

then present an oral case presentation. That helped me feel more confident in my information gathering and in my presentation skills

- b. Loved the independence and the frequent patient presentations. I liked that after I gave my presentation, she asked more questions so I could learn about other information I needed to be gathering. Comfortable and fun to work with!*
- c. I truly appreciated that he gave me one-on-one time with patients, and an opportunity to work on my OCP skills.*
- d. I think creating a flow in the clinic where the student got to practice a patient interview and had time to prepare an oral case presentation (potentially while Dr. _____ saw another patient or got caught up on paper work) is helpful for clerkship preparation.*
- e. She has me do my OCPs in the patient's room, which is great practice for me and saves us time overall. She also sets a great example with how thorough and thoughtful she is with each patient.*

3. Demonstrate physical exam and talk through clinical reasoning

- a. He was interested in showing me how he diagnosed conditions based on physical exam*

Even if the student is shadowing you during a patient encounter, please include the student on the physical exam and offer the student a chance to ask questions. Both students and patients like it when you talk through your clinical reasoning.

4. Teach the staff how to introduce the student

- a. I would instruct staff on how to introduce the idea of being seen first by a student. The way this is done can really affect whether or not a patient allows a student to come in first. It should be presented in a short and sweet manner such as "the doctor has a student with him today, he sees the patients before the doctor. is that okay?" instead of "well the doctor has a first year student who would really love the practice of talking to patients, but dont worry he isn't the real doctor and the real doctor will come in after and redo everything so you don't have to worry." It puts the patients off and makes them think their visit is going to be twice as long when in reality they'd probably be waiting alone if I didn't see them first anyway.*

Other sample wording could be: "We are fortunate to have a student doctor from the University of Washington at our clinic. S/he will come talk to you before your doctor. Thanks so much for teaching our students!"

5. Answer questions, medical and otherwise

- a. Dr. ____ is a wonderful teacher--she is patient with my questions, gives me plenty of time with patients on my own, and gives great feedback on my write-ups.*
- b. I appreciate her taking the time to answer my clinical questions and she has wonderful insight/perspective on being a female physician in a rural area.*
- c. He discussed many aspects of working in a hospital, which was truly enlightening.*

6. Give opportunities to shadow colleagues in the clinic or join you in the hospital

- a. I appreciated the opportunities to shadow multiple physicians as well as other providers, like the behavioral health specialist and psychiatrist.*
- b. In addition to offering career advice, he gave me the opportunity to work with residents to both help them learn how to teach and to help me understand what a resident's role is. He listened to the goals I had and things I wanted to work on, and then gave me opportunities to do those things (even if it meant working with another provider for a day).*
- c. She cared a lot about making sure that I had a variety of experiences and allowed me to come in to help deliver babies and watch any procedures that she was doing.*

Even you don't have other specialists in your clinic, consider asking your colleagues to keep an eye out for interesting cases or physical exam findings and to invite the students to watch or participate in procedures that they are doing. You can also have the student follow patients to the lab or xray.

7. Take an interest in who your student is

- a. He took a personal interest in my life and goals, and served as an exceptional mentor.*
- b. She gave me extremely helpful feedback and advice that I will be able to use in my clinical career moving forward.*

8. Invite patients to schedule follow-up on a day that the student will be with you

- a. Seeing the same patients back has been the most rewarding. Sometimes Dr. ____ asked if the patient would schedule to come back on Wednesdays to maximize the likelihood of me seeing that person again.*

9. Challenge the students (kindly)

- a. *Challenge me by giving me “assignments” say: write up a patient note, look up some disease process, etc.*
- b. *I also appreciated how she would challenge me to push past simple reporting and start thinking through assessment and plan.*
- c. *I think my preceptor was very good about having me delve into the physiology of patient conditions and encouraging me to do further research on my own. She was also very good about questioning me in a way that made me feel comfortable not knowing some information but also pushed me. I never felt that the atmosphere was hostile or condescending in any way.*
- d. *Dr. ____ clearly loves to teach and is fantastic at challenging me to think through my differentials.*

10. Help the student be part of the team

- a. *He was exceptionally good at integrating a student into feeling as if part of the team. He always involved a student (including PA and nursing students) in the action, asking questions and providing demonstration and appropriate tasks for our respective levels of education and experience.*

As students progress, they can help with tasks like reviewing med lists with patients, update problem lists, administering a mental status exam, or calling patients with results or as a check-in.

Things to watch with your PCP student

1. Don't make the student shadow all the time

- a. *It could be nice if he allowed students that are comfortable to interview a patient, report back to him to practice oral presenting, and then go in to visit the patient and their parents together.*
- b. *PCPs should know that there is an EXPECTATION, not a recommendation, that students will see 3-4 students a day on their own.*
- c. *I think it's crucial to make the preceptors understand the purpose of PCP so that students are not just shadowing all day, which seems to have been the case for many students.*

The PCP expectation is that students independently interview, and, if appropriate, conduct parts of the physical exam at least 1-2 patients per half day. This number may increase as they build skills.

2. Be careful with how you express your personal beliefs

- a. Personal beliefs on politics and religion should not be discussed with a student. These topics should only come up if directly related to treatment of a patient and should be done in an objective manner.*

If you are a provider who prays with patients or routinely talks politics or religion with patients, please prepare the student for this by saying “you may notice me chatting with patients about [shared beliefs or praying with patients]. You are welcome to join me, but please feel free to step out if you are uncomfortable. This will not affect your evaluation.”

3. Don't make the student stay longer than 6-8 hours total (for a full day – 3-4 hours for a half day)

- a. Many weeks, I felt like it was too much to juggle with lecture, exams, labs, clinical skills, and college morning. I had to travel to Lewiston for my PCP experience my first year and spent a ton of time traveling that I felt would have been better spent studying.*

Please remember that our students are also managing a full basic sciences course load. Thanks for your willingness to negotiate appropriate hours with them, particularly if they have a long trip to get to your clinic.

4. Don't be afraid to give the student feedback!

- a. I need to be given critical constructive feedback in order to better my skills and abilities to become a better doctor.*

Make sure that feedback addresses specific observable behaviors: e.g. “I saw that the patient noticed you checking your watch partway through the visit and wondered if that might have made her feel that you were rushed.” instead of “It was pretty clear you wanted to be done in there and couldn't wait to get out of the room.”

Partway through the PCP experience with a student – i.e. in spring of the first year – sit down the your student to talk about how they are performing and to have them reflect on the experience and give you feedback as well.

Still anxious about giving feedback? Check out these helpful resources for giving feedback:

Ask-Tell-Ask: <https://www.youtube.com/watch?v=SYXgMobMU8U>

The ARCH Model:

<http://www.stfm.org/NewsJournals/EducationColumns/November2015EducationColumn>

5. If possible, please give the students access to your electronic health record, even read-only.

That said, the goal of the PCP experience is for students to improve their skills with the focused history and physical exam. Prepping students with a few words about the patient and good questions to ask for a particular chief complaint will go a long way, regardless of your institutional policy on EMRs.

More Resources:

Here is a link to a brief article by Biagioli and Chapelle from OHSU on “How to Be an Efficient and Effective Preceptor” <https://www.aafp.org/fpm/2010/0500/p18.html>

Check out STFM Teaching Physician:

www.teachingphysician.org

username: uwfamedmse **password:** uwfamedpassword