

Appendix. **Desired Practices for Outpatient Precepting of Residents**

Setting the learning climate

1. Be calm, speak clearly and slowly, and leave your stress outside
2. Treat us as a peer by getting to know us and letting us get to know you (but don't overstep boundaries/overshare), share your joy of medicine, and check-in with us outside of precepting.
3. Check in with us frequently about our state of mind and state of emotion, and about how the session is going.
4. Create a safe space where it's okay for us not to know by transparently sharing your uncertainty. One way to do this is to look up something together with us.
5. Show respect to us and our patients by not disparaging anyone.

Before the patient care session starts

6. Review the medical record of patients who are to be seen that session and make suggestions in the record before the session begins.
7. Meet with us before our patient care session to answer our questions

During Precepting

8. Be available and present for precepting and see patients with us when we ask.
9. Asking if the time is right before teaching.
10. Allow us to present uninterrupted and actively listen before chiming in. Don't rush us.

11. Ask us before offering teaching points. When teaching, keep things concise and relevant and tailored towards our needs and interests. Notice when we are overwhelmed or time-pressured and just need an answer.
12. Provide practical tips about clinical practice (e.g., billing, time management) as well as medical knowledge-based content.
13. When seeing a patient with us, ask what our needs are and collaborate on a plan for care and how you will be involved.
14. In the room, introduce yourself as our colleague. Respect the relationship and rapport we have with the patient by letting us lead the discussion.
15. Realize that we usually have a framework for our decisions; if your plan differs from ours, acknowledge and validate our decisions.
16. When offering comments about our management plan, share your thought process so we understand your rationale.
17. Do not feel like you have to comment or make any changes to our plans. Sometimes "sounds like a great plan" is all we need to hear.
18. Be aware of clinic flow and help us. Even doing little things (looking up questions we have in real time, coordinating care with medical assistants and nurses, finding resources) can make a big difference in our stress levels.
19. Be careful when adding additional tasks to our proposed plan unless it is absolutely necessary.
20. Be clear and direct with your expectations; do not beat around the bush.
21. Support us while performing procedures by allowing us to perform them and being present to step in when we ask.

Post-Session Debrief and Follow-up

22. Validate experiences that were challenging for us.
23. Role model and teach us by sending us information about a specific patient to read later.
24. Provide feedback on what we're doing right, along with suggestions for change.
25. Ask us when the best time is for us to receive feedback. Typically the best time is after the session.
26. Invite us to provide you with feedback but give us permission to say we don't have any.

