TIPS FOR EFFICIENT OUTPATIENT PRECEPTING

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Objective: Identify Strategies That Support Efficient Outpatient Precepting

Faculty preceptors balance numerous responsibilities in the outpatient setting. Teaching during busy clinical sessions can pose time management challenges. Here are considerations aimed to support teaching efficiency, time management, and valuable learning experiences for medical students.

Teach With Collaboration

Stop thinking: *How am I going to teach my student today?*

Start thinking: *How can I engage my student as a member of my care team today?*

- **Introduce** student to care team members (eg, MA, LPN, RN, clerical team, behavioralist, dietician, social worker, clinical pharmacist). Identify ways for student to assist and learn from team; creates catch-up time for preceptor.

- **Invite** student to practice skills. Shadowing only if best for patient and/or learner. Once practiced, student can partner with preceptor to complete appropriate tasks (eg, patient education, review of plan, and EBM lookups).

- **Learn** together, divide and complete tasks collaboratively. Encourages student engagement, practicing clinical skills, and contributing meaningful work. Removes tasks from preceptor's responsibilities, saving time. Preceptor role models value of care team and life-long learning.

- **Train** student to utilize and learn with EHR. Student billable notes, listing and prioritizing visit diagnoses, placing and pending orders, writing patient instructions, and attaching educational handouts are essential skills. Supervised completion off-loads from preceptor, avoids duplicate work.

Break Things Up

- **Inquire** about student's goal(s) for session. Hearing student's goal(s) rather than solely listing goals from preceptor's perspective helps determine area of focus. Not all course objectives must be taught in the session. Choose intentionally with shared decision making for effective learning and realistic time allotment.

- **Plan** to have student see patients that make sense for them to see instead of preceptor and student alternating encounters. Allowing preceptor to see two or three consecutive patients alone allows for catch-up. Student can complete previously stated tasks in these circumstances. Be flexible for unexpected changes.

- **Observe** visit segments; saves time and ensures correct execution of clinical skills. Invite student to reserve certain segments of visit for direct observation. Example: watch student complete history while observing and documenting, complete remainder of encounter together. Alternative example: ask student to postpone physical exam until preceptor joins.

Use Reflection

- Reflecting on goals jointly set at start of session promotes self-assessment and ensures feedback is given during session in a mindful, efficient manner.

- While validating student's self-assessment, preceptor offers additional considerations. Advocates interactive feedback and purposeful planning for student rather than preceptor listing feedback points. Cognitive work is shared.

- The ARCH model[1] for real-time feedback is one model that uses reflection.

ARCH

Ask for self-assessment.
Reinforce what is being done well.
Confirm what needs improvement.
Help the learner with an action plan.

- Additional reflective models include Ask-Tell-Ask[2] and One Minute Preceptor.[3]

References

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2. Pennsylvania Education Association's Committee on Clinical Education. Ask-Tell-Ask. February 2017. Accessed July 15, 2024. https://paeaonline.org/wp-content/uploads/imported-files/Ask-Tell-Ask-Feedback-Model.pdf
3. Huang W. The One-minute Preceptor: Shaping the Teaching Conversation. *FamMed.* 2003; 35(6): 391-393.