For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: In this month's column, Alison Dobbie, MD; James Tysinger, PhD; and Joshua Freeman, MD, give practical tips to help the office-based preceptor efficiently teach students during busy patient care sessions. Drs Dobbie and Freeman are faculty members of the University of Kansas School of Medicine and Dr Tysinger is a faculty member of the University of Texas Health Science Center at San Antonio.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Strategies for Efficient Office Precepting

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Many family physicians teach because they enjoy the personal satisfaction of working with students and want to share their enthusiasm for family medicine while contributing to the education of the next generation of physicians.[1,2] However, most office-based teachers are unpaid volunteers,[3] and evidence indicates that time spent teaching can lengthen the preceptors' working day[3-5] and/or decrease their clinical productivity.[3] Fortunately, preceptors can use several strategies to minimize the added tasks of teaching while optimizing students' educational experience. Preceptors who use these strategies have reported practicing more efficiently with a student than without one.[6] In this article, we summarize some practical strategies for efficient office-based teaching that are likely to be highly valued by preceptors and students.

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Planning and Preparing

Agree on Daily Goals

The vast amount of potential learning material in each session can overwhelm both teacher and student. To better manage this learning material, spend 1 or 2 minutes before each session agreeing on mini-learning goals that relate to the clerkship objectives and are achievable that day. For example, it may be too time-consuming to observe a student conduct a complete physical exam, but it is practical to observe and give feedback on two abdominal exams in one session and ensure that the student has mastered this part of the physical exam. Achieving such mini goals over several sessions results in an impressive amount of clinical observation, teaching, and feedback.

Limit the Number of Patients That Your Student Sees

Seeing too many patients often prevents students from reflecting on how the clinical experience aids their learning. Depending on the number of clerkships completed, the clerkship's goals, and the patients' clinical complexity, third-year students should see between three and six patients for each 4-hour session.

Encourage "Just in Time" Learning

Between patients, students should review content related to the patients they see. For example, after

seeing a child with a sore throat, students can use their handheld computers or the Internet to look up the risk factors for strep throat and determine the sensitivity and specificity of the "rapid strep" test. This "just in time" learning, especially when combined with formulating clinical questions, encourages students to seek and use evidence-based medicine. Such integration of evidence-based medicine into practice has been reported as one of the top three factors students associate with effective teaching.[7]

Debrief and Plan for the Next Session

At the end of each session, it is efficient to spend a few minutes debriefing on the teaching session, reviewing how well the student met the mini goals, agreeing on any homework, and planning for the next session.

Maximizing Learning Efficiency

Limit Presentation Time

Students must learn to give a focused 2–3 minute patient presentation that includes pertinent positive and negative findings and their assessment and plan. Students consistently report the opportunity to formulate assessments and plans as one of the top factors associated with high-quality clinical teaching.[8]

Use the Five Clinical Teaching Microskills

Most preceptors are familiar with the five microskills of clinical teaching[9] but may not use them because they think that completing all steps after every patient is too time-consuming. However, all five microskills do not need to be completed for every patient. For example, if a patient presents with a sprained ankle, the preceptor can use the microskill "teach general rules" in discussing and demonstrating a proper ankle exam and use the microskills "reinforce what was done right" and "correct mistakes" in giving the student feedback about his/her actual exam of the patient's ankle. For other sprained ankle issues such as understanding why an X ray was or was not ordered, the teacher can direct the student to find the Ottawa ankle rules as "just in time" learning between patients and discuss their application in more detail later.

Make Feedback Routine

Giving feedback challenges most preceptors because they see it as time-consuming and fear it may upset the student. Yet students report receiving high-quality feedback as one of the top two factors associated with excellent clinical teaching.[8] Feedback that is based on observation, consistent, fair, routine, and given in a spirit of unconditional positive regard will be accepted and appreciated. For example, while observing the student perform an abdominal exam, a preceptor might say, "You correctly palpated all four quadrants superficially and deeply, but you forgot to observe and listen first! Remember: always observe the abdomen first, listen to it second, and then palpate it."

Teaching With Patients

Develop a Cadre of "Teaching Patients"

Every physician has patients who have interesting stories to share. If these patients have conditions that add to students' learning, both student and patient usually enjoy spending extra time together. Such regular "teaching patients" can become familiar with students and may even learn to evaluate them and give informal feedback on students' performance. Such patient feedback is particularly powerful for students.

Seize Unexpected Learning Opportunities

Besides planning in advance which patients the student will see, one should seize unexpected learning opportunities. For example, where a patient has a newly discovered goiter or heart murmur, the student may be briefly introduced to the patient simply to experience the abnormal sign.

Hear Presentations in the Exam Room

When all parties are comfortable and the clinical problem is suitable, it is efficient and mutually satisfying to have the student present his/her findings and for the preceptor to teach in the patient's presence. Patients can then give immediate feedback on the accuracy and completeness of the student's presentation.

Using Service Learning

Use the Students for Administrative Tasks

Many non-clinical tasks can aid student learning. For example, students can learn a great deal by performing administrative tasks under the preceptor's guidance and supervision. These tasks may include filling out lab requests, writing referrals, updating problem lists, and doing telephone callbacks.

Let Students Write Notes

Writing notes aids students' learning and helps students present the patient's issues to the preceptor in an efficient and organized manner. According to Health Care Financing Administration documentation guidelines, only a small portion of a student's note is billable, and the preceptor must still write or dictate a note and personally document major aspects of the patient visit.[10] However, preceptors can still save time by using the student's note as a guide when dictating or writing their own note. In one study, students' notes saved preceptors 3.3 minutes of charting time per patient.[11]

Use Students to Teach Patients

Students learn a great deal by teaching patients about such topics

as smoking cessation and weight loss. Teaching patients sharpens students' communication and negotiation skills and makes them aware of the many reasons patients don't comply with medical advice.

Conclusions

Using these simple strategies can help office-based teachers improve the teaching experience for themselves and their students. Devoting a few minutes each day to these activities can maximize the teaching session's efficiency and minimize extra work for the preceptor.

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