

# A Guide For Preceptors



# Preceptor Best Practices

This guide provides ways to teach that can be efficient and effective as a preceptor. In the era of the Patient Centered Medical Home (PCMH), several options have been included to help the student understand the complementary and unique roles non-providers play in patient care.

Each preceptor has a unique teaching style. We hope you find an idea that helps you maximize your approach to teaching.

## Preceptor Teaching

- Consider having your student present in front of the patient. This minimizes a patient's need to repeat information, wait time and omissions
- Consider focusing on 1-2 patients to teach on instead of discussing each patient in depth
- To help you maintain productivity, consider "double booking" on teaching days. Have the student see a patient while you see one, then gather to discuss. This allows you to see the same number of patients and use your time effectively
- Consider having students identify and look up basic pathophysiology or management options, as appropriate, while you see patients, chart or return phone calls
- Use the sandwich method for feedback. What did the student do well, what could be improved and end with what has gotten better or was done well?
- Ask the student to self-reflect on their presentation or exam. Provide feedback after they report how they did
- Consider using pre-made PowerPoints to educate students or have them look up information on their own from credible sources
- In pediatric patients, review anatomy on a baby model prior to the student's first exposure to a live baby

## Utilizing Other Resources

- Patient care goes beyond an exam room. Allow the student to follow a patient visit from start to finish to learn the patient experience (in the waiting room or with an ancillary service). Students with a rotation longer than one month will be given a **Scavenger Hunt\***
- Have the student learn from your medical assistant (MA) and perform basic procedures with your MA. Students will be given a **Checklist\***
- Have students work with a care manager on a patient they have seen to coordinate care, obtain resources or receive lifestyle counseling

\* see example on page 6





# Precepting Learners at Each Stage

This document is intended to guide you in terms of your student's general level of training prior to rotating with you. Of course, individual student abilities will range greatly.

Regardless of student professional track or level, close supervision is essential and re-checking of H & P is a must.

## PHYSICIAN ASSISTANT STUDENTS

All didactics are completed before PA students begin rotations. There may be independent study courses or capstone projects after rotations. PA students should be expected to "see one, do one and teach one." Once the preceptors are comfortable, the students should be expected to see a patient from start to finish, present to their preceptor and have the differential diagnosis and plan ready to present.

**Curriculum** (completed prior to beginning rotation):

- Anatomy & physiology
- Behavioral health clinical
- Emergency medicine
- General radiology
- Geriatrics
- Microbiology
- Neuroanatomy
- Pediatrics
- Pharmacology
- Surgical principals
- Women's health



**Important skills to teach throughout ALL rotations (regardless of which rotation the student is on):**

- Sharpening H & P skills
- SOAP note writing and presenting patient to provider
- Differential diagnosis

**Guidelines for PA students:**

- Ensure students are able to independently conduct a full visit with preceptor oversight
- Progress from a minimum of 1-2 patients per day to 4-6 by end of a rotation

# NURSE PRACTITIONER STUDENTS

Please check with your student as curriculum and clinical hours vary from graduate program to program. For example, some NP students complete didactics prior to clinical rotations, while others begin with clinical rotations and finish with didactics.

All NP students have completed the following core curriculum before clinical rotations begin:

- Anatomy & physiology
- History taking & development of HPI
- Pharmacology
- Physical exam skills & physical assessment

Curriculum timing varies for didactic on disease states and special populations (HTN, diabetes, pediatrics, women's health, etc.)

## Important skills to teach 1<sup>st</sup> semester:

- Developing a basic differential before seeing the patient
- Developing an HPI that includes appropriate descriptors (OLD CART)
- Reviewing pertinent ROS including pertinent positives and negatives
- Performing pertinent and thorough physical exam based on subjective data and differential
- Presenting and charting an HPI, ROS, PE and differential in an organized manner
- Minimum goal of 3 patients per day

## Important skills to teach 3<sup>rd</sup> semester:

- Independently conduct a full visit with preceptor oversight
- Oral presenting and SOAP note writing
- Developing appropriate differential diagnosis
- Developing a plan of care for common primary care issues
- Minimum goal of 6 patients per day

## Important skills to teach 2<sup>nd</sup> semester:

- History taking, HPI, ROS, and physical exam skills should be in place, with exception of specialty rotations like pediatrics or women's health
- Developing a differential diagnosis on all patients
- Developing a plan of care with preceptor
- Supervision involves "rechecking" H/P as needed
- Minimum goal of 4 patients per day



# ATSU-SOMA OMS II MEDICAL STUDENTS

After their first year (in Mesa), students are expected to write a basic adult SOAP note on uncomplicated patients and perform full physical exams on standardized patients.

Each week, students are in clinic for a total of eight hours and spend the remaining time in didactics.

## Year 1-Didactics in Mesa

- Health & healing
- Cardiovascular
- Pulmonary
- Neuromusculoskeletal
- Renal
- Gastro-intestinal
- Medical skills
- Osteopathic principles & practice



## Year 2-Didactics in Flagstaff

- **FALL:**
  - Hematology
  - Human reproduction
  - Endocrinology
  - Biostatistics & preventive medicine
- **SPRING:**
  - Human mind & behavior
  - Epidemiology
- **YEAR LONG:**
  - Medical skills
  - Osteopathic principles & practice

### Important skills to teach 1<sup>st</sup> semester:

- Developing an HPI that includes appropriate descriptors (OLD CARTS)
- Gathering pertinent positives and negatives
- Creating an opening statement with relevant details
- Presenting an HPI in an organized manner
- Close supervision is essential
- Minimum goal of 3 patients per day

### Important skills to teach 2<sup>nd</sup> semester:

- Performing a focused physical exam
- Developing a basic assessment & plan
- Writing a full SOAP note
- Developing a basic differential before seeing the patient
- Close supervision is essential
- Minimum goal of 3 patients per day

# 3<sup>rd</sup> and 4<sup>th</sup> year Medical Students (ATSU, UA, etc.)

Students have required readings and assignments throughout each core rotation that are graded by their course directors. Additionally, students have a national (COMAT or Shelf) exam, or a school based evaluation, at the end of each core rotation.

Educational sessions include a monthly “Grand Rounds.” Specific hospital sites may offer didactics in-house.

## Year 3-General Core Clerkships

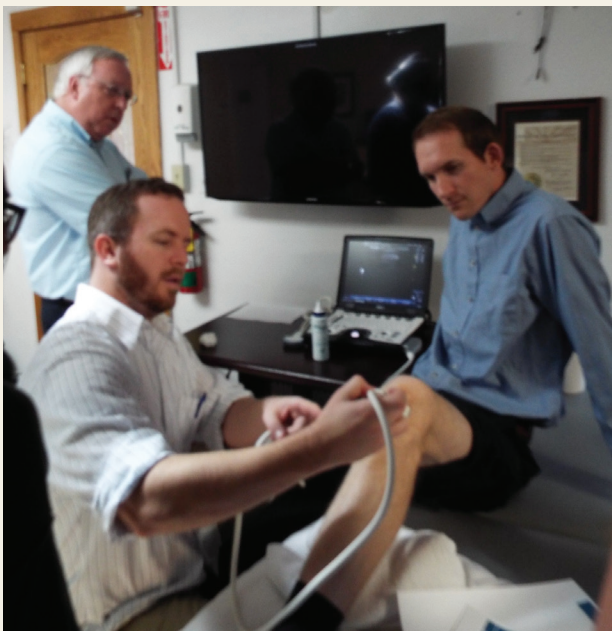
- Family medicine
- General surgery
- Internal medicine I
- Obstetrics/gynecology
- Pediatrics
- Psychiatry

## Year 4-General Core Clerkship

- Cardiology
- Critical care
- Emergency medicine
- Neurology
- Selectives/electives

### Important skills to teach 3<sup>rd</sup> year students:

- Condensing oral presentation
- Developing a differential diagnosis
- Developing a plan
- Minimum goal of 4 patients per day



### Expectation for 4<sup>th</sup> year students:

- Independently conduct a full visit with preceptor oversight
- Proficiency in oral presentation and SOAP note writing
- Proficiency in developing an appropriate differential diagnosis
- Students are able to develop assessment and plan for common primary care issues
- Average goal of 6 patients per day

# Enriching the Preceptor & Student Experience

For rotations lasting at least four weeks, preceptors will be provided the results of a student survey; a short summary of the student's experience to date. To help these students appreciate the unique wrap-around services found in community health centers during their rotation, they will receive and be asked to complete the documents below.

## STUDENT CHECKLIST\*

Dear Preceptor and Student,

In order to provide each student with a standardized exposure to medicine, we request that this checklist be filled out during the time you both interact.

*\*For PA and MS3 & MS4 students*

- See at least one patient per day at preceptor's discretion
- Present HPI (or more) on at least one patient per week
- Write up at least one SOAP note per day (use downtime forms or electronic chart)
- Look up and present to patient an appropriate educational handout based on problem seen for
- Look up one management or pathophysiological process relevant to a patient seen in clinic
- Preceptor may have student present 2-5 minutes on one topic of preceptors choice once a week
- Observe at least one interaction with a behavioral health specialist and patient seen in clinic
- Follow at least one patient from waiting in the lobby to check-out
- Work with medical assistant under supervision to complete some or all of the following
  - Hemoglobin A1 c
  - Random glucose
  - Urine dip
  - Perform a monofilament test
  - Conduct a PHQ-9
  - Take vitals
  - PPD
  - Immunizations

## SCAVENGER HUNT

Dear Student,

During your stay with us, you will see how a community health center functions a bit differently than a private practice. We have many wrap around services to help meet the needs of our specific population.

Work with your preceptor to find time to visit each program/department listed below to learn more about their role in serving our patients.

Introduce yourself and ask if they have a few minutes to help you understand what they do. Make an appointment to come back if they are busy.

For each program/department listed below, ask the following questions and be prepared to report back to your preceptor.

1. **What role does this program/department play in the clinic?**
2. **What are the most common patient issues handled by this program/department?**
3. **Why is this program/department an integral part of patient care at North Country HealthCare?**

*Ask the representative to initial below.*

- Behavioral Health Specialist \_\_\_\_
- Coding \_\_\_\_
- Community Health Worker \_\_\_\_
- Diabetes Specialist \_\_\_\_
- Family Health Advocate \_\_\_\_
- Health Partners \_\_\_\_
- MCH Programs (Health Start, HealthySteps) \_\_\_\_
- Referrals \_\_\_\_
- RESEP Program \_\_\_\_
- Well Woman HealthCheck Program \_\_\_\_

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(Student's full name)



*If you are approached directly by a student or school to precept, please refer them to the Health Professions Coordinator (ext. 9852).*

## **Mission**

*NAHEC exists to improve the overall health of rural and underserved communities in northern Arizona through excellence in education, training and research.*

## **What We Do**

NAHEC addresses the shortage and maldistribution of healthcare professionals by:

- Providing meaningful community-based clinical training experiences for health professions students and residents;
- Educating the current and future rural primary care workforce;
- Recruiting students from minority and disadvantaged backgrounds into health careers;
- Facilitating healthcare research and informatics that translates to underserved communities;
- Connecting communities to better care through telemedicine, interprofessional, and population health initiatives; and
- Delivering evidence-based health promotion programs to communities in need.

Established in 1987, NAHEC is part of the national and state AHEC system and serves Apache, Coconino, Navajo and a portion of Yavapai Counties



**NAHEC**  
Northern Arizona  
Area Health Education Center

*Disclaimer: The views and opinions expressed in this guide are those of the authors and do not necessarily reflect the official policy or position of NAHEC or North Country HealthCare*