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Easing the Load of Precepting:

Efficiently Integrating Students into Ambulatory Training Sites

Quinnette Jones, MSW, MHS, PA-C
Emily Walters, BA

No Disclosures

Learning Objectives

Following this presentation, participants will be able to:

- Describe the preceptor expansion initiative and discuss the goals of the five tactic teams
- Review, comment on, and utilize our shared community preceptor onboarding materials
- Identify and utilize tools to enhance student preparedness and increase value in clinical settings
- Reduce common administrative barriers to clinical precepting

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What motivates you to precept?

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What barriers to precepting do you face?

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Preceptor Recruitment and Retention Challenges

- More demand—MD, DO, NP, PA & pharmacy—new and expanded programs.
- Fewer private practice sites + more salaries positions + more group practices=less control—need to get past the practice manager to get in
- Intense competition for clinical space and computers—MAs, scribes, other learners.
- EHRs, productivity pressures and burnout woes

Primary Care Community Preceptor Summit
August 2016

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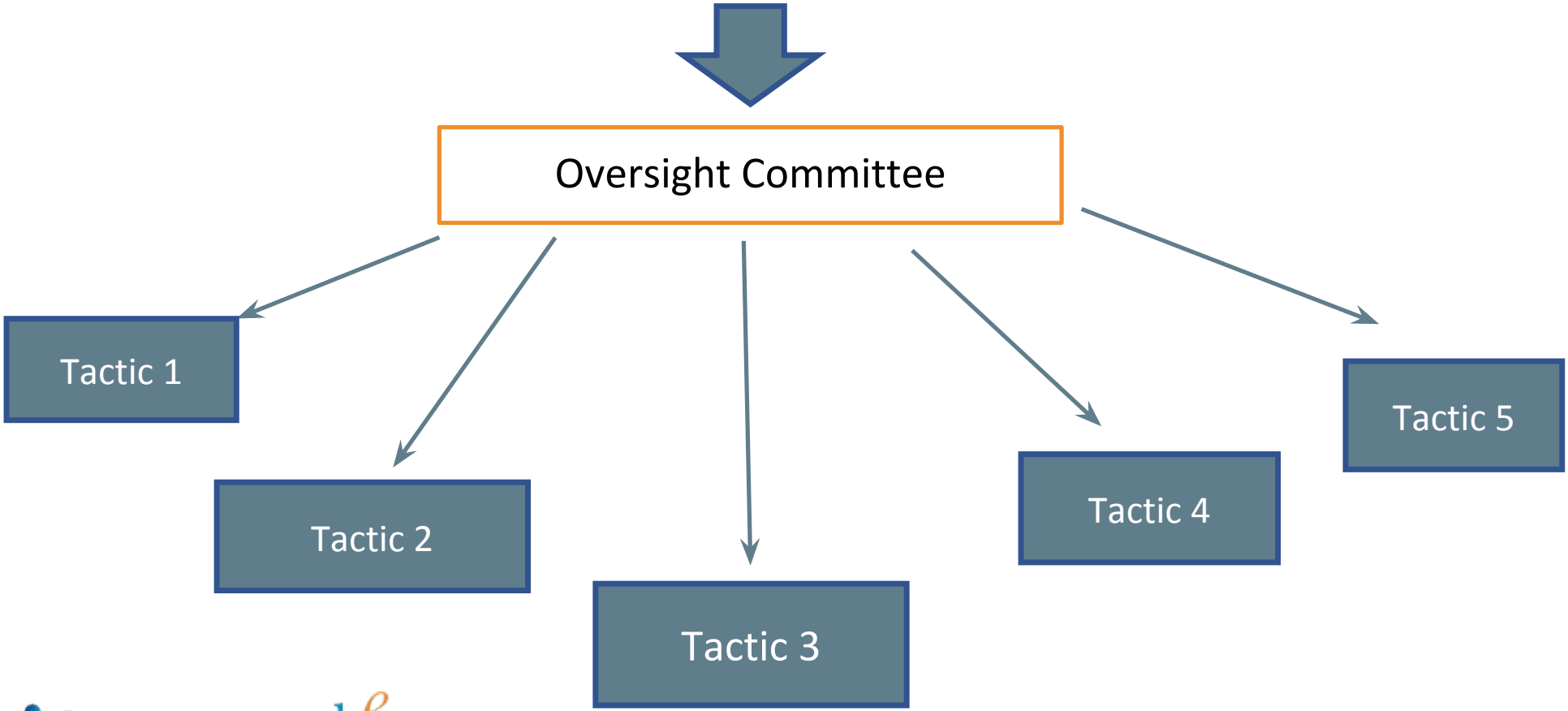
Preceptor Expansion Initiative Action Plan

Aims:

- Decrease % of primary care clerkship directors who report difficulty finding clinical preceptor sites
- Increase % of students completing clerkships at high-functioning sites



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Preceptor Expansion Initiative

- Tactic 1: Work with CMS to revise student documentation guidelines
- Tactic 2: Integrate interprofessional interdisciplinary education into ambulatory primary care settings through integrated clinical clerkships
- **Tactic 3: Develop standardized onboarding process for students and preceptors. Integrate students into the work of ambulatory primary care settings in useful and authentic ways**
- Tactic 4: Develop educational collaboratives across departments, specialties, professions, and institutions to improve administrative efficiencies
- Tactic 5: Promote productivity incentive plans that include teaching and develop a culture of teaching in clinical settings

https://stfm.org/preceptorexpansion

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Tactic 3

Goals

- Tools to help preceptors integrate students more easily into the practice
- Train students to hit the ground running during clinical rotations and maximize their learning
- Make your learners more useful and helpful in the clinic

Tactic 3 Deliverables—
Resources for Preceptors and Programs

- Online module on Giving Feedback (30-minutes)
- CV assistance in the faculty appointment process
- Promotion of "AAMC Uniform Clinical Training Affiliation Agreement"
- Promotion of AAMC "Recommendations for Clinical Skills Curricula for Undergraduate Medical Education"

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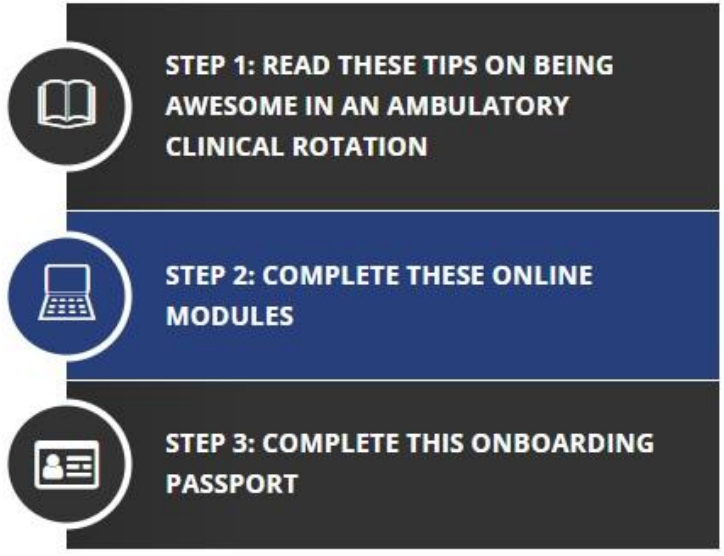
Tactic 3 Deliverables—Resources for Students

- Student Passport for Clinical Sites
- Learner Resources
  - "How to Be Awesome in an Ambulatory Clinic Rotation"
  - Online student training modules



https://www.stfm.org/clerkshiponboarding

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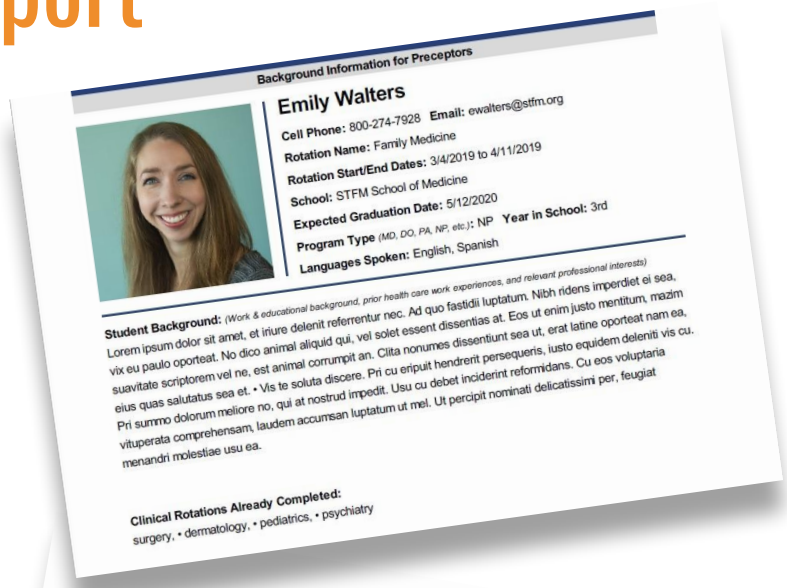
Student Clinical Rotation Passport

- Aims to reduce administrative burden on clinical sites
- Web-based form to be completed by student
- Includes student information
  - demographics
  - rotation details
  - emergency contact info
  - verification of completion of trainings & other clinical setting requirements



Background Information for Preceptors

Emily Walters

Cell Phone: 800-274-7928 **Email:** ewalters@stfm.org
Rotation Name: Family Medicine
Rotation Start/End Dates: 3/4/2019 to 4/11/2019
School: STFM School of Medicine
Expected Graduation Date: 5/12/2020
Program Type *(MD, DO, PA, NP, etc.)*: NP **Year in School:** 3rd
Languages Spoken: English, Spanish

Student Background: *(Work & educational background, prior health care work experiences, and relevant professional interests)*
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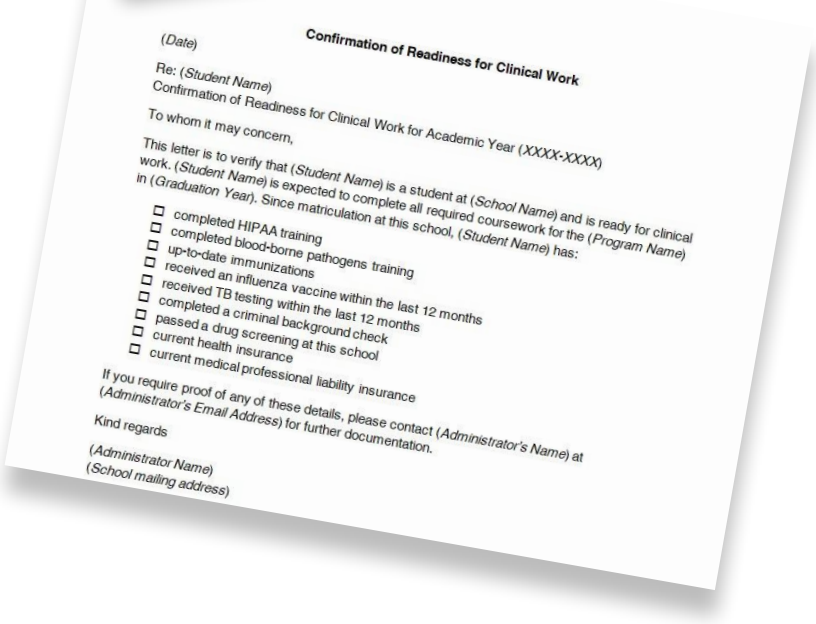
Clinical Rotations Already Completed:
surgery, • dermatology, • pediatrics, • psychiatry



(Date)

Confirmation of Readiness for Clinical Work

Re: *(Student Name)*
Confirmation of Readiness for Clinical Work for Academic Year *(XXXX-XXXX)*

To whom it may concern,

This letter is to verify that *(Student Name)* is a student at *(School Name)* and is ready for clinical work. *(Student Name)* is expected to complete all required coursework for the *(Program Name)* in *(Graduation Year)*. Since matriculation at this school, *(Student Name)* has:

- ☐ completed HIPAA training
- ☐ completed blood-borne pathogens training
- ☐ up-to-date immunizations
- ☐ received an influenza vaccine within the last 12 months
- ☐ received TB testing within the last 12 months
- ☐ completed a criminal background check
- ☐ passed a drug screening at this school
- ☐ current health insurance
- ☐ current medical professional liability insurance

If you require proof of any of these details, please contact *(Administrator's Name)* at *(Administrator's Email Address)* for further documentation.

Kind regards

(Administrator Name)
(School mailing address)

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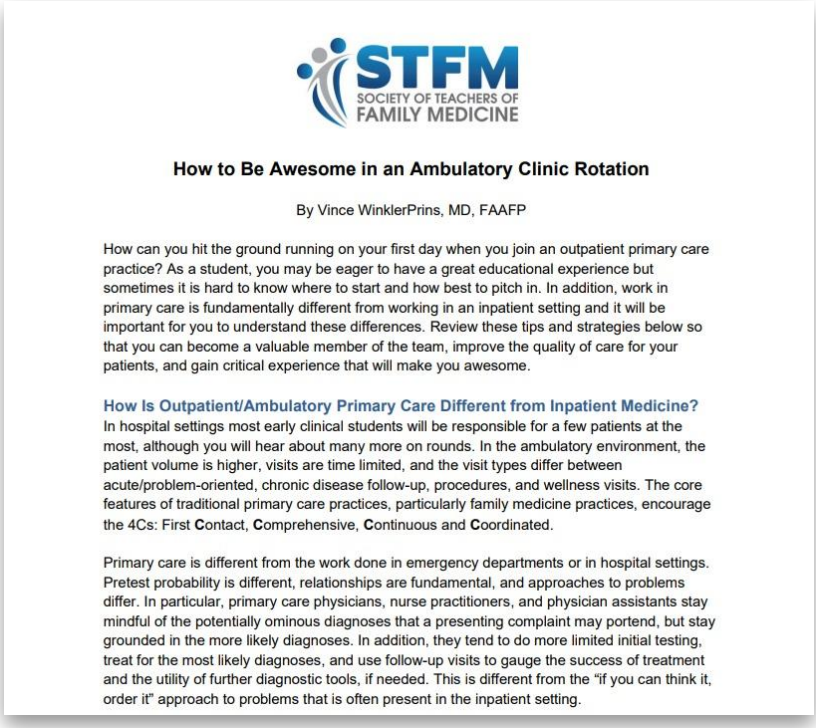
Student Onboarding Resources – Tips for Students

"How to Be Awesome in an Ambulatory Clinic Rotation"—practical outpatient strategies

- Presenting patient visits
- Chronic disease follow-up
- Wellness visits
- Focused physicals
- Tips for maximizing learning each day



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How to Be Awesome in an Ambulatory Clinic Rotation

By Vince WinklerPrins, MD, FAAFP

How can you hit the ground running on your first day when you join an outpatient primary care practice? As a student, you may be eager to have a great educational experience but sometimes it is hard to know where to start and how best to pitch in. In addition, work in primary care is fundamentally different from working in an inpatient setting and it will be important for you to understand these differences. Review these tips and strategies below so that you can become a valuable member of the team, improve the quality of care for your patients, and gain critical experience that will make you awesome.

How Is Outpatient/Ambulatory Primary Care Different from Inpatient Medicine?

In hospital settings most early clinical students will be responsible for a few patients at the most, although you will hear about many more on rounds. In the ambulatory environment, the patient volume is higher, visits are time limited, and the visit types differ between acute/problem-oriented, chronic disease follow-up, procedures, and wellness visits. The core features of traditional primary care practices, particularly family medicine practices, encourage the 4Cs: First **C**ontact, **C**omprehensive, **C**ontinuous and **C**oordinated.

Primary care is different from the work done in emergency departments or in hospital settings. Pretest probability is different, relationships are fundamental, and approaches to problems differ. In particular, primary care physicians, nurse practitioners, and physician assistants stay mindful of the potentially ominous diagnoses that a presenting complaint may portend, but stay grounded in the more likely diagnoses. In addition, they tend to do more limited initial testing, treat for the most likely diagnoses, and use follow-up visits to gauge the success of treatment and the utility of further diagnostic tools, if needed. This is different from the "if you can think it, order it" approach to problems that is often present in the inpatient setting.

https://www.stfm.org/teachingresources/resourcesforstudents/clinicalrotationtipsforstudents/

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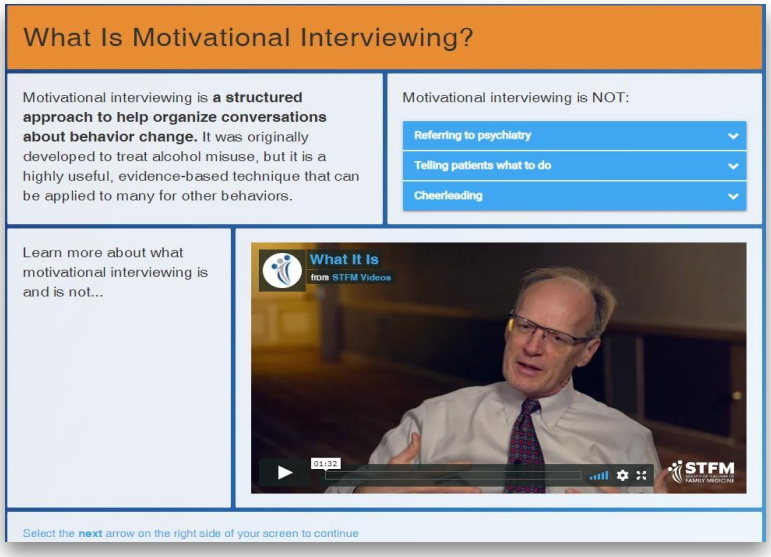
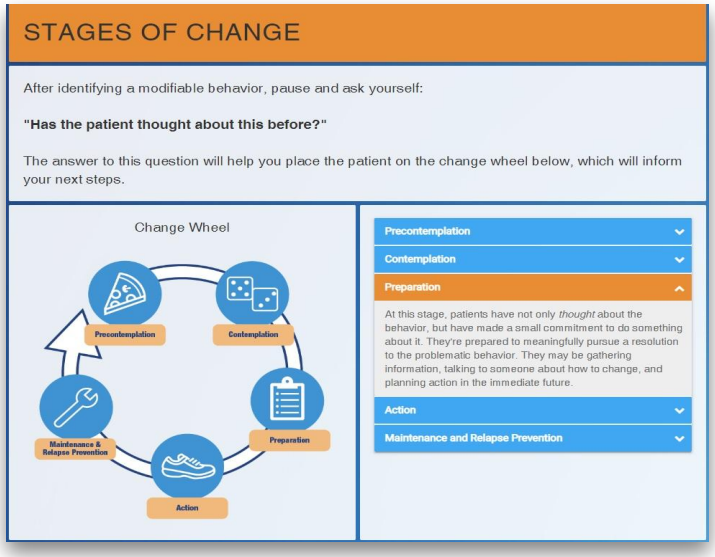
Student Resources - Online Training Modules

Modules to prep for clinical rotations

- *Writing a High-Quality Note in the Electronic Medical Record*
- *How to Perform Medication Reconciliation*
- *Motivational Interviewing: a Structured Approach to Behavioral Change*





https://www.stfm.org/teachingresources/resourcesfor/students/student-onboarding#8537

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Clinical Rotation Onboarding Tools

https://www.stfm.org/clerkshiponboarding

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Tactic 4:

Develop educational collaboratives across departments, specialties, professions, and institutions to improve administrative efficiencies

- A multi-year pilot, funded by the ABFM, called Building Better Clinical Training Experiences: A Learning Collaborative.
- Pilot participants chose one of three projects to standardize the onboarding of students and to engage community preceptors.
- Will evaluate the onboarding materials developed by the Tactic 3 and Tactic 5 teams.

Building Better Clinical Training Experiences: Pilot Sites

Project 1: Student onboarding

1. Advent Health Medical Group Family Medicine
2. North Carolina Area Health Education Centers
3. University of North Texas Health Science Center

Project 2: Preceptor engagement and onboarding

1. Ohio State University
2. Ohio University Heritage College of Osteopathic Medicine
3. University of Washington School of Medicine

Project 3: Student onboarding and Preceptor engagement and onboarding

1. Hackensack Meridian School of Medicine
2. Keck School of Medicine at USC
3. Louisiana State University- New Orleans
4. Morehouse School of Medicine
5. Rush Medical College
6. Stanford University
7. University of Alabama
8. University of Illinois- Peoria
9. University of Minnesota

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Building Better Clinical Training Experiences: Pilot Timeline

2019

- Mid-March: Sites Announced
- April 26-May 17: Pre-survey for Clinical Rotation Directors and Coordinators
- October 24-25: Learning Collaborative meeting in Kansas City
- Ongoing 2019-2020: Site visits by evaluation team/tactic team

2020

- April-August: Post-survey for clinical rotation directors, coordinators and preceptors
- September: Pilot projects complete
- October: Post measurement data due

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Building Better Clinical Training Experiences pilot projects

https://stfm.org/bettertrainingexperiences

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Frequently Asked Questions

- Is there a way to track whether students have completed the modules?
  - Students can download a certificate of completion for each module.
- Can faculty or preceptors access the student modules?
  - Yes, anyone can take the modules.
- Can a student update their student passport as they continue to gain rotation and procedural experience throughout the year?
  - Yes, using their online account!
- Can a school edit or modify the content of the student passport?
  - No, the goal is for preceptors to get the same information with every student.

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Initial Student Usage Data

(April 2019 – April 2020)

- **1063** students have used the **Student Passport**
- **2827** unique page-views for the "**How to Be Awesome in an Ambulatory Clinical Rotation**" page
- **Student Onboarding Module** completions
  - **1131** of "How to Write a High-Quality Note in the Electronic Medical Record"
  - **1090** of "How to Perform Medication Reconciliation"
  - **1096** of "Motivational Interviewing: a Structured Approach to Behavioral Change"

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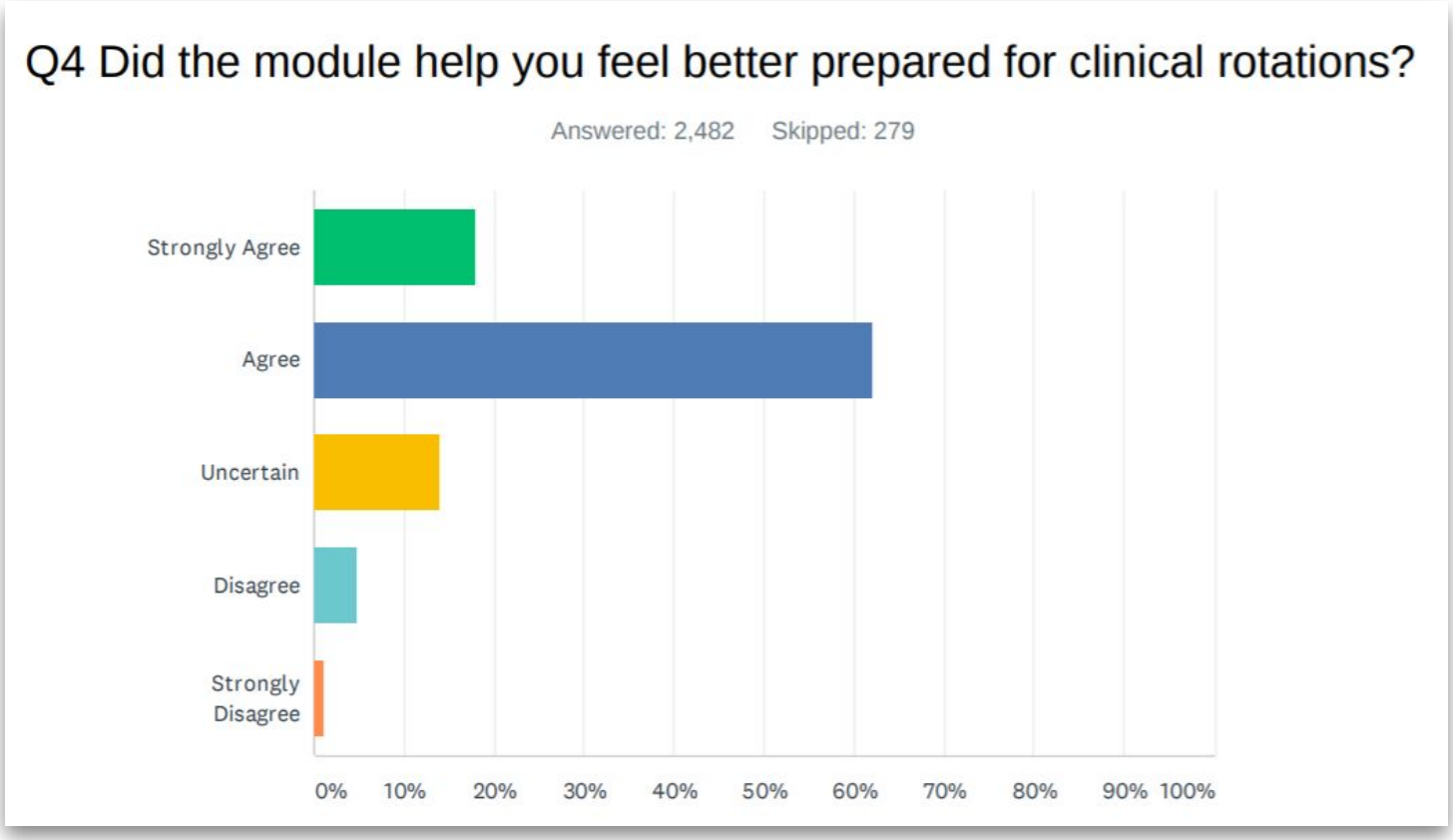
Student Module Survey Data

(April 2019 – March 2020)



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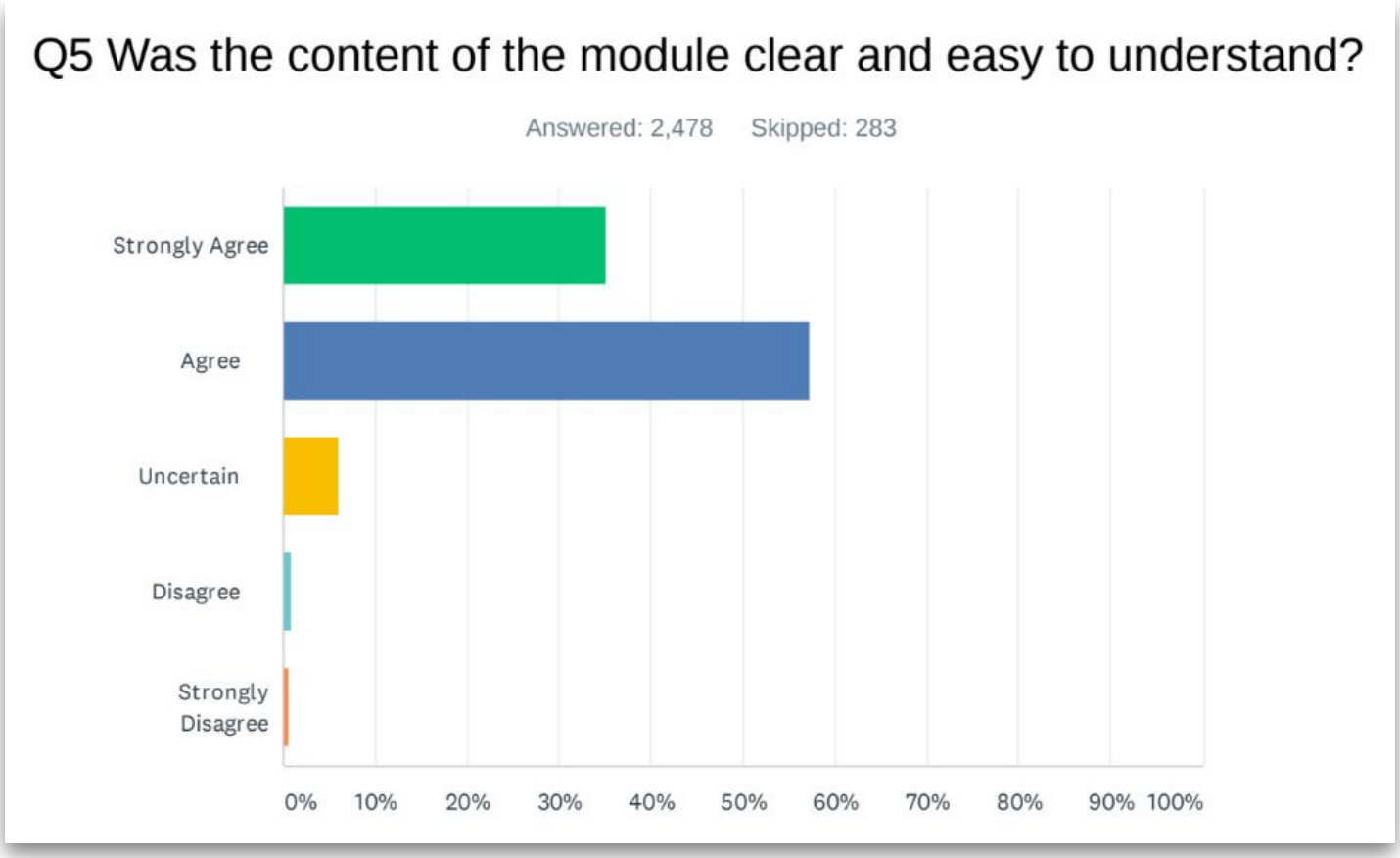
Student Module Survey Data

(April 2019 – March 2020)



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Student Comments: "What is one thing you will change or a strategy you will implement as a result of taking this module?"

High Quality Note in the EMR module:

- "I will be making my notes more concise. My notes are like paragraphs or essays. This module made me realize how I could be more succinct. I will also be more directed in my questioning with relation to the disease on f/u pts. Rather than asking all ROS"
- "Focused history does not necessarily mean shorter, it is just more focused on pertinent information."

Medication Reconciliation module:

- "Summarize the new medication regimen with the patient so they fully understand changes and what they need to do moving forward."
- "I will use the strategy of being exceptionally clear in which medications to START, MODIFY, and STOP when performing medication reconciliation."

Motivational Interviewing module:

- "Be more empathetic about helping patients achieve goals."
- "Think of change as a dynamic process that occurs over several office visits, not just in one sitting."

Clinical Rotation Onboarding Tools

https://www.stfm.org/clerkshiponboarding

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Feedback?
Ideas?

Email Emily Walters at ewalters@stfm.org

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Questions?

Email us at:

quinnette.jones@duke.edu
ewalters@stfm.org

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Tactic 3 Team Collaborators

- **Vince WinklerPrins, MD, FAAFP, Team Chair**
  Assistant Vice President for Student Health
  Georgetown University, Division of Student Affairs
- **Adrian Billings MD, PhD**
  Chief Medical Officer, Presidio County Health Services, Associate Professor, Department of Family and Community Medicine, Texas Tech University Health Sciences Center
- **Kathy Ellis DNP, RN, ANP-BC, FNP-BC, FAANP**
  Associate Professor of Professional Practice, Division Director, Graduate Nursing, Coordinator, Family Nurse Practitioner Program, Texas Christian University—Harris College of Nursing and Health Sciences
- **Juleah Williams**
  Membership and Workforce Development Manager, Texas Academy of Family Physicians

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Preceptor Expansion Initiative Oversight Committee

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Oversight Committee Chair

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Indiana University School of Medicine

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Mark Loafman, MD, MPH
Cook County Health and Hospitals System

Diane Padden, PhD, CRNP
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Melissa Abuel
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Emily Walters
STFM

Emily Yunker, MPA, PMP
PAEA

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- Latessa Robyn MD; Keen Susan MD; Byerley Julie MD; Foley Kathleen A. PhD; Payne Lauren E.; Conner Kirstie T.; Tarantino Heather MD; Peyser Bruce MD; Steiner Beat D. MD, MPH . The North Carolina Community Preceptor Experience: Third Study of Trends Over Twelve Years. https://journals.lww.com/academicmedicine/Citation/2019/05000/The_North_Carolina_Community_Preceptor_Experience_.44.aspx

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Resources

- **Clerkship Onboarding Resources Toolkit**
  https://www.stfm.org/clerkshiponboarding

- **Giving Feedback Course**
  https://stfm.org/givingfeedback

- **Updates about the Preceptor Expansion Initiative:**
  https://stfm.org/preceptorexpansion

- **"Building Better Clinical Training Experiences" pilot projects:**
  https://stfm.org/bettertrainingexperiences

- **Recommendations for Clinical Skills Curricula For Undergraduate Medical Education, AAMC 2008.**
  https://store.aamc.org/downloadable/download/sample/sample_id/174/

- **AAMC Uniform Clinical Training Affiliation Agreement:**
  https://www.aamc.org/professional-development/affinity-groups/gsa/clinical-training-affiliation-agreement

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Thank You!

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