

**SCHOOL OF COMMUNITY MEDICINE**

## Shaping the Future of the PA Profession Through Preceptor Clinical Teaching

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## Lecture Objectives

- Define the importance of being a clinical preceptor
- Identify ways to prepare and incorporate student learners into the practice
- Describe effective teaching techniques that can be utilized to precept a student
  - List strategies for improving time management
  - Discuss teaching methods and approaches to giving effective clinical feedback
  - Identify techniques for addressing the difficult student
- Discuss the importance of communicating with PA program staff and faculty

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## The Importance of the Clinical Preceptor

**Figure 1. Explanatory Model of Factors Influencing PAs to Precept**

• Contribution to profession  
 • Advancing own knowledge  
 • Time

• Medical knowledge  
 • Drive for learning  
 • Professionalism

• Competition  
 • Productivity  
 • Financial considerations

• Communication  
 • Preceptor development  
 • Administrative burden

Hudak NM, Enking PJ, Gorney C, Gonzalez-Colasa R. Tales from the Trenches: Physician Assistants' Perspectives About Precepting Students. J Physician Assist Educ. 2014;25(1):12-19.

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## Category I CME Credit




2 AAPA Category 1 CME credit per student for each week of clinical teaching.



PA programs must receive a completed evaluation form from the PA preceptor prior to awarding CME credit.



A maximum of 20 AAPA Category 1 CME credits per calendar year may be awarded to each preceptor.



All CME beyond 20 credits may be awarded and considered at Category 2 CME.

Category 1 CME for Preceptors: American Academy of Physician Assistants. <https://www.aapa.org/web-content/uploads/2016/12/12/Category-1-CME-for-Preceptors-Guide.pdf>. Published 2016. Accessed September 10, 2021.




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## Common Preceptor Concerns

- Lack of productivity
- Lack of time
- Educational value to the student
- Prior subpar precepting experience

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## Productivity Study

	Week 1: Without Student	Week 2: Early in Rotation	Week 3: Late in Rotation	Repeated Measures ANOVA (P)
UW, n = 7 (mean ± SD)	10.7 ± 2.3	9.4 ± 2.6	9.4 ± 1.6	.24
UT, n = 7 (mean ± SD)	9.3 ± 3.1	10.6 ± 3.3	9.4 ± 3.3	.07
Aggregate, n = 14 (mean ± SD)	10.0 ± 2.7	10.1 ± 3.0	9.4 ± 2.5	.43
UW versus UT 2-sample t-test (P)	.35	.40	1.00	

ANOVA: analysis of variance; RVU, relative value units; UT, University of Texas Health Science Center (San Antonio); UW, University of Washington.

Average RVUs per Preceptor per Half-Day

**A Method to Study the Effect of a Physician Assistant Student on Preceptor Productivity**

Evans, Timothy C.; Wick, Keren H.; Andrilla, C. Holly A.; Skaggs, Steven A.; Burgin, Tiffani  
The Journal of Physician Assistant Education 29(4):205-210, December 2018.

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## Updated Billing Guidelines

“Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the EM service being billed but may verify any student documentation of them in the medical record, rather than re-documenting this work.”

Source: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4068CP.pdf>

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## CMS Guidelines Summary

- Preceptors **MUST** perform (or re-perform) the physical exam and are responsible for medical decision-making activities
- Students can document all components of a medical record, however, preceptors must verify all of the documentation

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## Incorporating Student Learners Into a Clinical Practice

-  Prepare patients and staff for learners letting them know they are present and what their role is
-  Preceptor needs to layout expectations at the beginning on the first day of the rotation
-  Share responsibility of the student with others in the practice
-  Set goals for rotation
-  Give ongoing feedback for entirety of rotation

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### Assessing the student on first day of rotation

- Status of student- early, mid or late clinical training
- Ask about confidence level to function clinically in your area of medicine
- Determine the learner's goals for the rotation
- Provide observational experiences early on for less comfortable students
- Communicate your expectations for what you would like them to accomplish
- Directly observe their skills with history taking, physical exam and procedures

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The diagram illustrates the relationship between the stage of learning and the preceptor's role. On the left, a pyramid represents the 'Stage of Learning' with three levels: 'Foundation Skills and Knowledge' at the base, 'Practical Application' in the middle, and 'Culminating Integration' at the top. On the right, a vertical flow represents the 'Preceptor's Role' with four levels: 'Direct Instruction' at the bottom, 'Modeling' above it, 'Coaching' above that, and 'Facilitating' at the top. Upward-pointing arrows connect the levels of the Preceptor's Role, indicating that as the student's learning stage progresses, the preceptor's role also evolves from direct instruction to facilitation.

Weitzel KW, Walters EA, Taylor J. Teaching clinical problem solving: A preceptor's guide. *Am J Health-Syst Pharm.* 2012; 69:1588-1599.

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### Time Management Techniques

Scheduling	Wave scheduling
Preselect	Preselect the patients the students will see
Set	Set time limits for student

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**SCHOOL OF COMMUNITY MEDICINE** **TU** **The Wave Schedule**

**Table 1: Example of Wave Schedule Set-Up**

Appointment Time	PA Preceptor Schedule Examination Room 1	PA Student Schedule Examination Room 2
8:30	Patient 1	Patient 2
8:55	No patient	No patient
9:20	Patient 3	No patient
9:45	Patient 4	Patient 5
10:10	No patient	No patient
10:35	Admin time	No patient
11:00	Patient 6	Patient 7
11:25	No patient	No patient
11:50	Patient 8	No patient
12:15	Lunch	Lunch
1:15	Patient 9	Patient 10
1:40	No patient	No patient
2:05	Patient 11	No patient
2:30	Patient 12	Patient 13
2:55	No patient	No patient
3:20	Admin time	No patient
3:45	Patient 14	Patient 15
4:10	No patient	No patient
4:35	Patient 16	No patient

**8:30 AM**

- \*Preceptor sees Patient #1 in room 1 (done with visit by 9:55 AM)
- \*Student sees Patient #2 in room 2 (has 20 minutes for visit)

**8:55 AM**

- \*Student presents care of Patient #2 to preceptor.
- \*Preceptor examines Patient #2, places orders, and reviews management plan with patient.
- \*Patient #2 is done with visit no later than 9:15 AM.
- \*Preceptor and student discuss case (working time) and review important components to include in note.

**9:20 AM**

- \*Preceptor sees Patient #3 on schedule in room 1.
- \*Student writes note for Patient #2.

**9:45 AM**

- \*Wave cycle re-starts.
- \*Preceptor sees Patient #4 in room 1 (done with visit by 10:10 AM).
- \*Student sees Patient #5 in room 2 (has 20 minutes for visit).

**Figure 1.** Clinic adaptation of the wave schedule.

Lehner V, Smith DS. Wave Scheduling: Efficient Precepting in the Outpatient Setting. *J. Physician Assist Educ.* 2016;21(4):200-202.

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### Signs the learner is "getting it"

Organized, independent, efficient

Easily connects with patients and staff

Self-confident yet knows their limits

Concise but thorough oral presentations

Accurate charting

Holistic view of care including health promotion and disease prevention

Develops reasonable plan of care; sound decision making

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### Red Flag Behaviors in the Learner

Anxious, defensive, not collegial

Misses cues with patients; poor rapport

Unable to explain reasoning for diagnosis

Unable to prioritize patient problems

Unable to provide clear presentations

Performs PE poorly

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## Models for Teaching & Feedback



1 Minute Preceptor Model



Ask Tell Ask Feedback Model

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## 1 Minute Preceptor Model

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    graph TD
      A[Get a commitment] --> B[Probe for supporting evidence]
      B --> C[Reinforce what was done well]
      C --> D[Give guidance about errors or omissions]
      D --> E[Teach a general principle]
  
```

PAAE's Committee of Clinical Education. One-Minute Preceptor. <https://paaeonline.org/wp-content/uploads/imported-files/One-Minute-Preceptor.pdf>. Accessed Jul 13, 2021.

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## Ask Tell Ask

<b>First:</b>	ASK	"What went well?"	→	TELL	"This is what I think went well."
<b>Then:</b>	ASK	"What could be improved?"	→	TELL	"This is what I think could be improved."

PAAE's Committee of Clinical Education. Ask-Tell-Ask Feedback Model. <https://paaeonline.org/wp-content/uploads/imported-files/Ask-Tell-Ask-Feedback-Model.pdf>. Accessed Jul 13, 2021.

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### Guidelines for Giving Feedback

- Feedback should be undertaken with the teacher and trainee working as allies, with common goals.
- Feedback should be well-timed and expected.
- Feedback should be based on first-hand data.
- Feedback should be regulated in quantity and limited to behaviors that are remediable.
- Feedback should be phrased in descriptive nonevaluative language.
- Feedback should deal with specific performances, not generalizations.
- Feedback should offer subjective data, labeled as such.
- Feedback should deal with decisions and actions, rather than assumed intentions or interpretations.

Endee J. Feedback in Clinical Medical Education. JAMA. 1983; 250(6):777-781.

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### Communicating With the Learner and the PA Program

- Two major concerns with students
  - Professionalism
  - Medical Knowledge
- Important to address concerns early and *directly* with the student and the program
- Develop solid plan with student to address concerns
- Written documentation of concerns is pertinent

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### Knowing Yourself as a Preceptor

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Recognizing your own implicit biases

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What learner qualities are important to you?

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What learner qualities are problematic for you?

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What type of learner are you unsure how to handle?

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## Final Thoughts



Set expectations



Consistent feedback



Direct and honest communication



Seek help when needed

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“As preceptors we have a major stake in the final outcome of the student: they will learn to teach others as they have been taught.”



Koons K, Sincavage S. Precepting skills for precepting challenges. JAPPA. 2012; 52(5):e273-e276.

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### Questions?

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