

Shaping the Future of the PA Profession Through Preceptor Clinical Teaching

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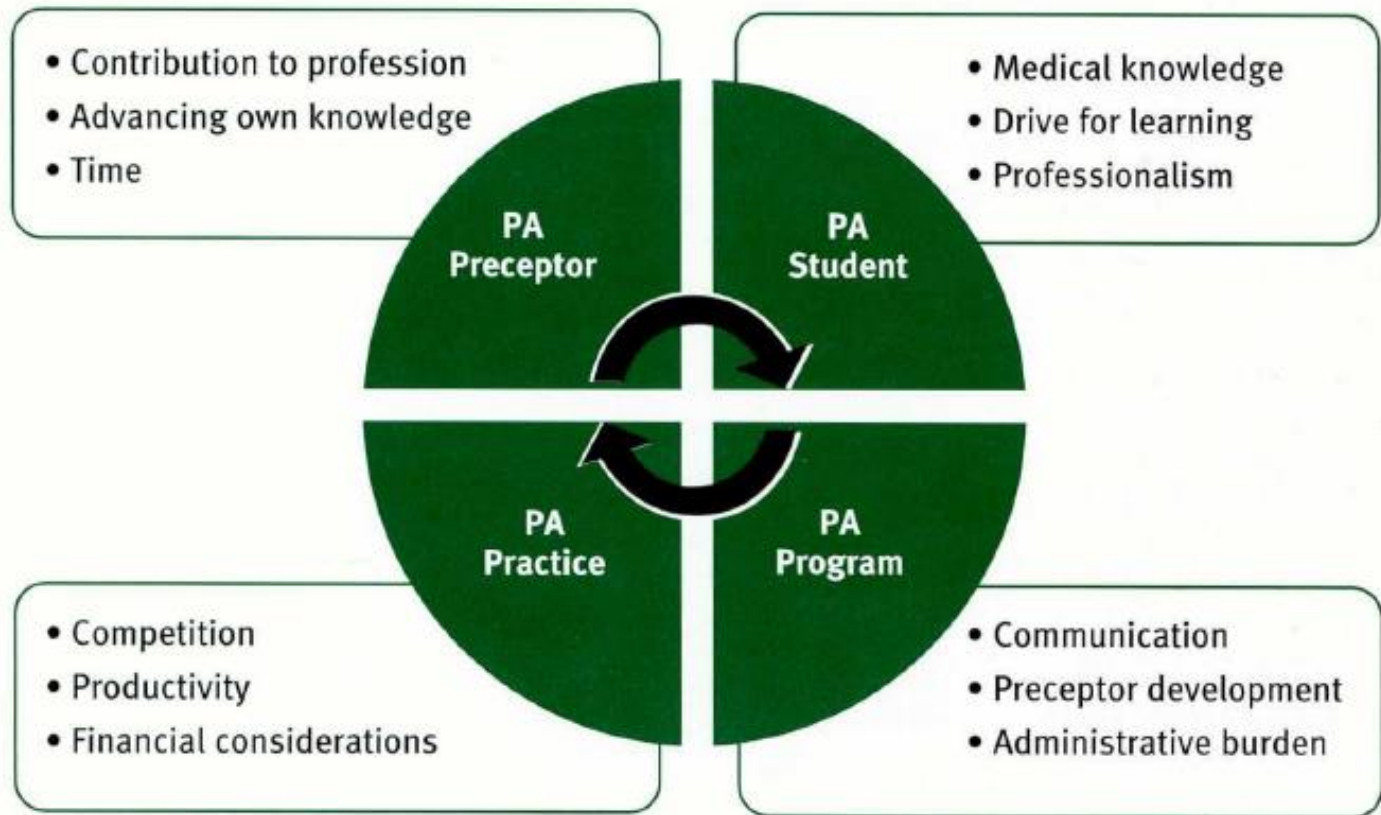
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Lecture Objectives

- 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

The Importance of the Clinical Preceptor

Figure 1. Explanatory Model of Factors Influencing PAs to Precept



Category 1 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.



Common Preceptor Concerns

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

Productivity Study

	Week 1: Without Student	Week 2: Early in Rotation	Week 3: Late in Rotation	Repeated Measures ANOVA (P)
UW, n = 7 (mean \pm SD)	10.7 \pm 2.3	9.4 \pm 2.6	9.4 \pm 1.6	.24
UT, n = 7 (mean \pm SD)	9.3 \pm 3.1	10.8 \pm 3.3	9.4 \pm 3.3	.07
Aggregate, n = 14 (mean \pm SD)	10.0 \pm 2.7	10.1 \pm 3.0	9.4 \pm 2.5	.43
UW versus UT 2-sample t-test (P)	.35	.40	1.00	


ANOVA, analysis of variance; RVU, relative value unit; 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.

Updated Billing Guidelines

A teal icon of a building with a star on its roof, enclosed in a white square, which is itself inside a light blue circle.

“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 E/M 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>

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

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



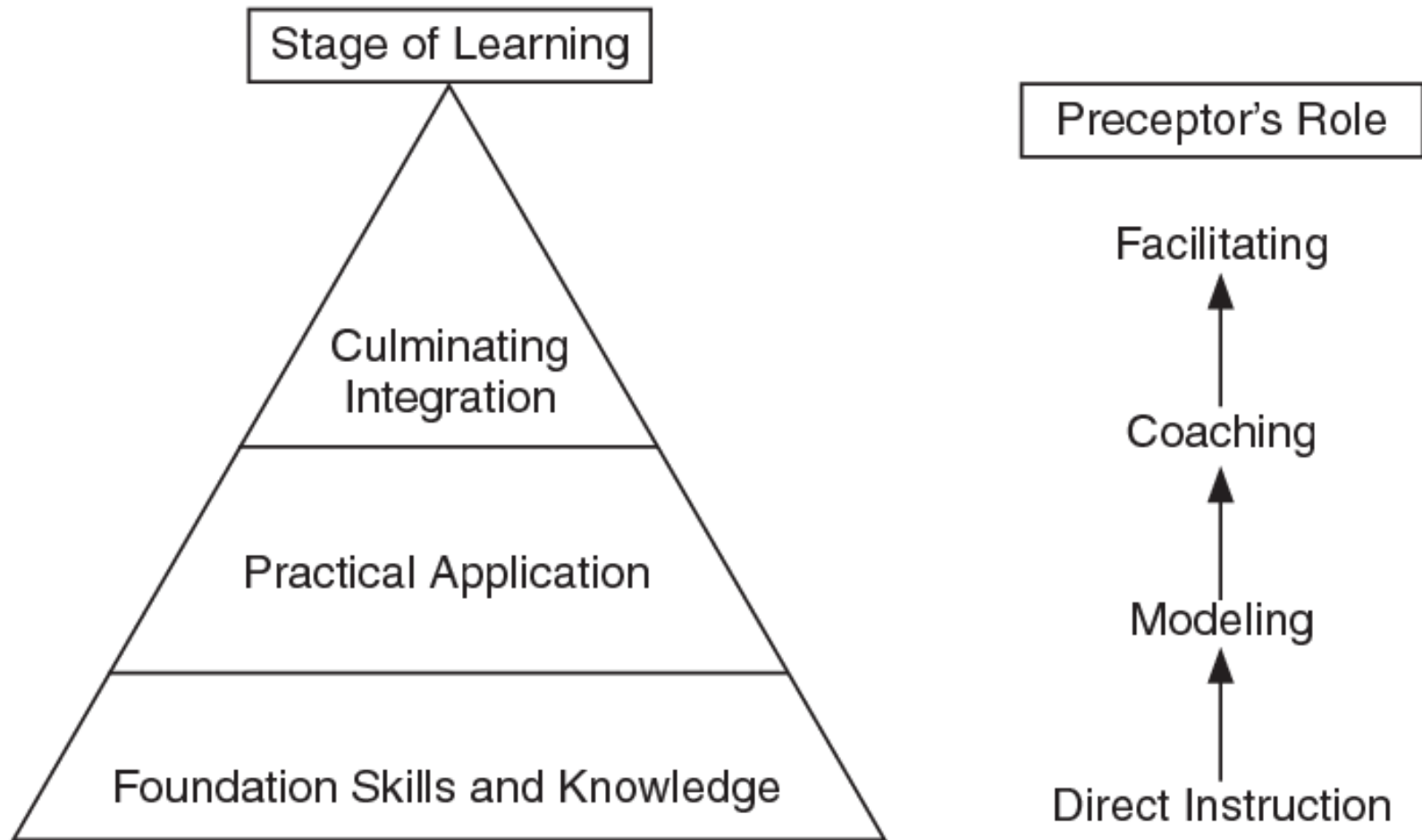
Set goals for rotation



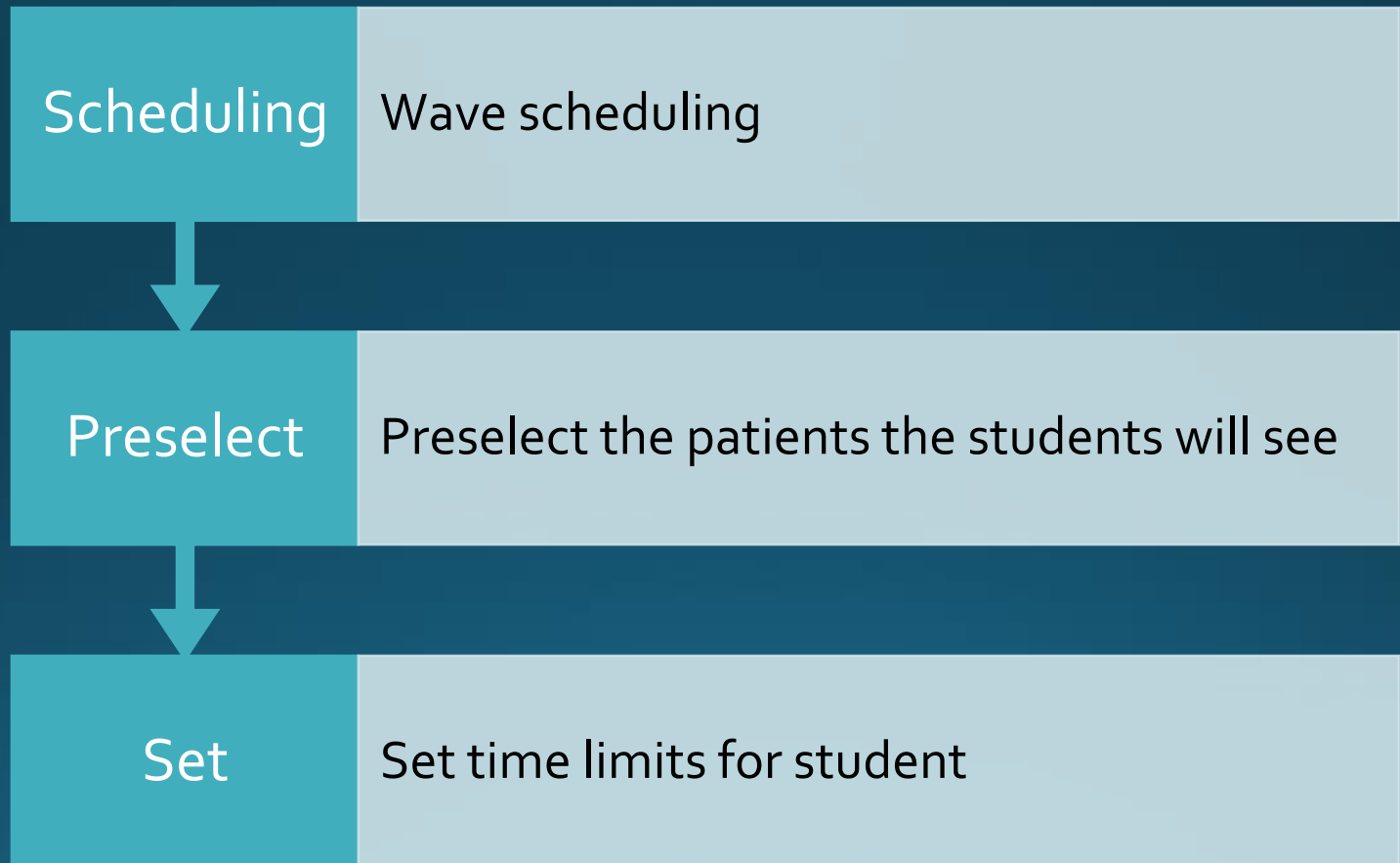
Give ongoing feedback for entirety of rotation

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



Time Management Techniques



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

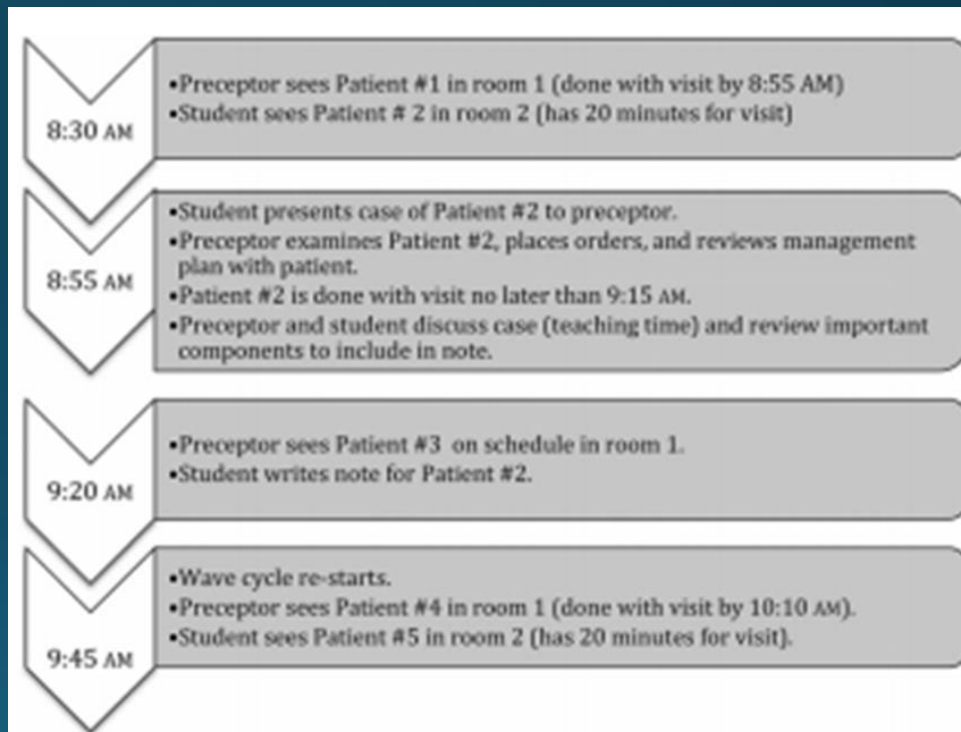


Figure 1. Clinic adaptation of the wave schedule.

Lehner V, Smith DS. Wave Scheduling: Efficient Precepting in the Outpatient Setting. *J Physician Assist Educ.* 2016;27(4):200-202.

Signs the learner is “getting it”

Organized,
independent,
efficient

Easily connects with
patients and staff

Self-confident yet
knows their limits

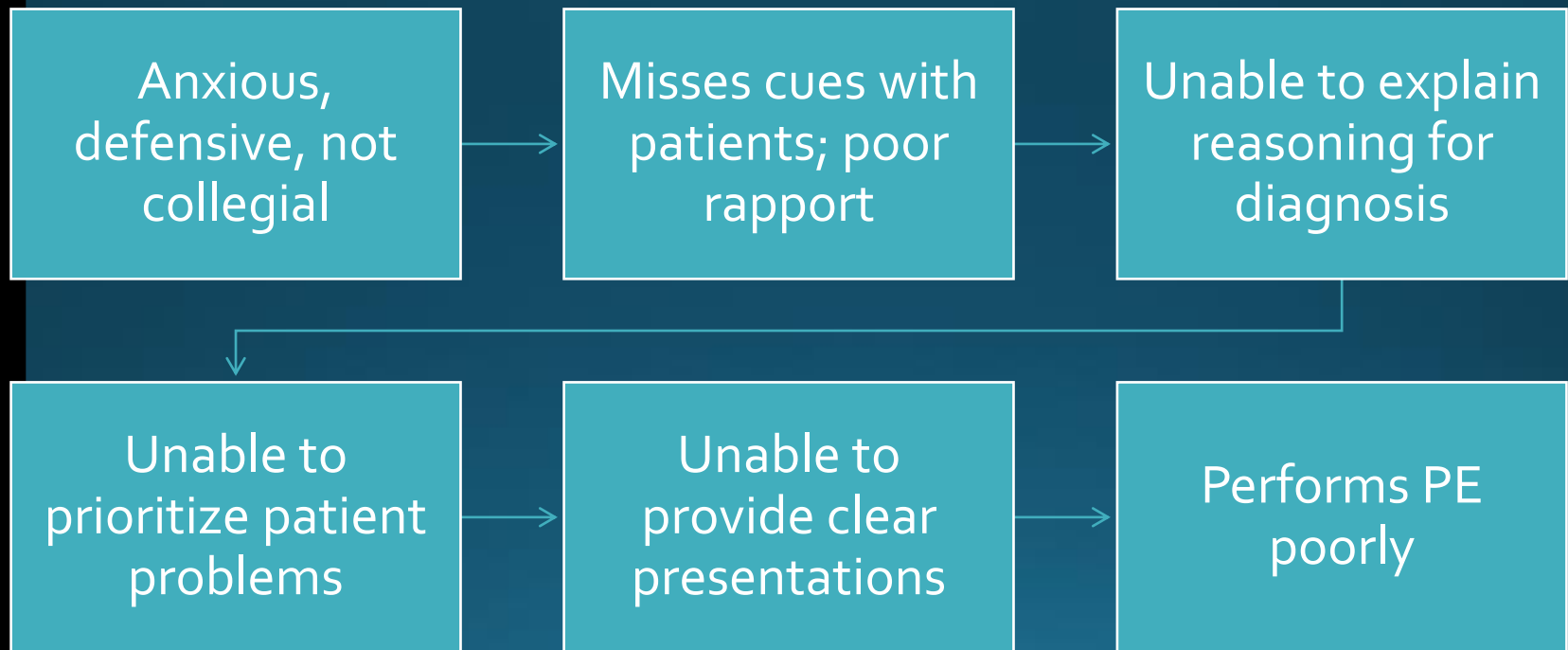
Concise but
thorough oral
presentations

Accurate charting

Holistic view of care
including health
promotion and
disease prevention

Develops
reasonable plan of
care; sound decision
making

Red Flag Behaviors in the Learner



Models for Teaching & Feedback

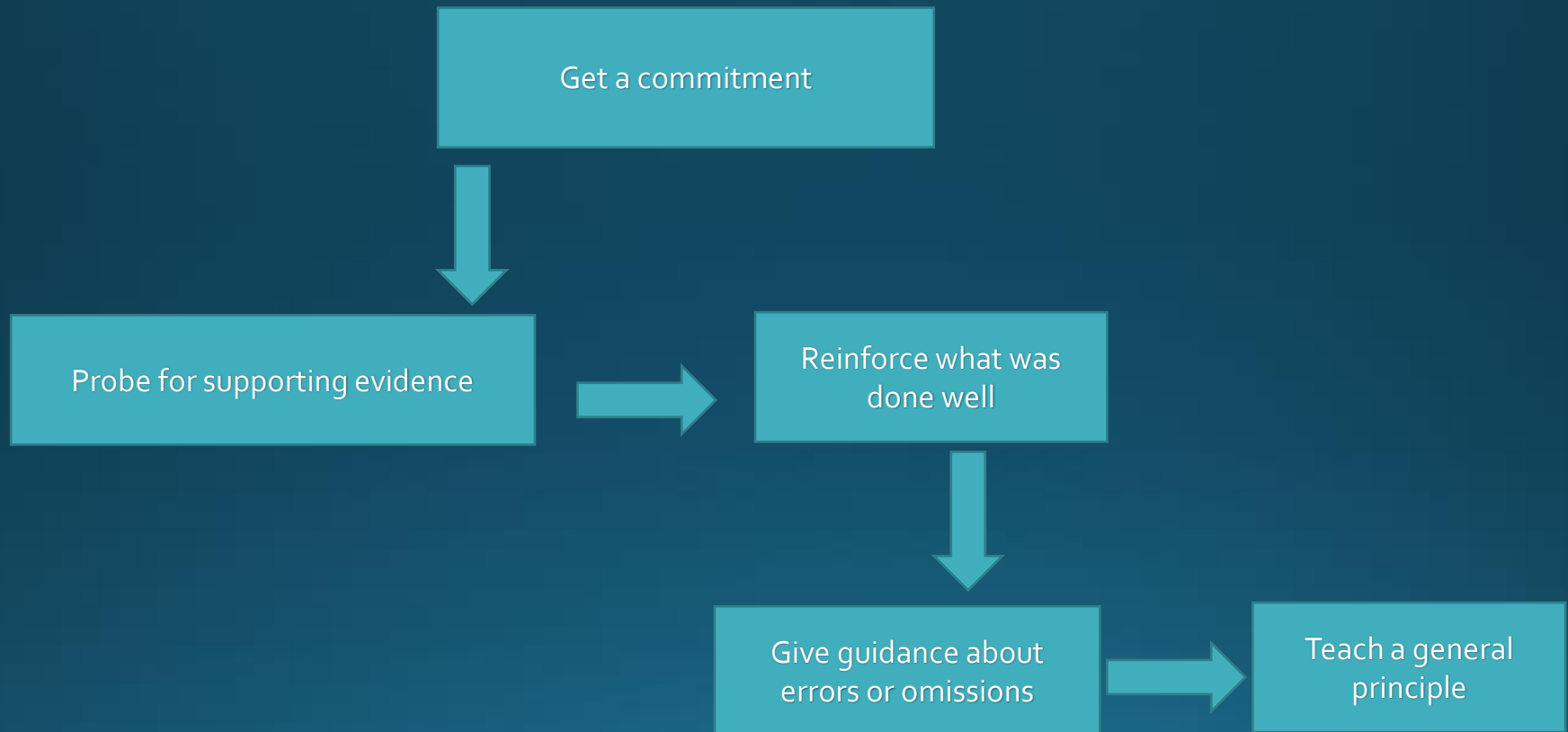


1 Minute Preceptor Model



Ask Tell Ask Feedback Model

1 Minute Preceptor Model



Ask Tell Ask

First:

ASK

"What went well?"

TELL

*"This is what I think
went well."*

Then:

ASK

*"What could be
improved?"*

TELL

*"This is what I think
could be improved."*

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.

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

Knowing Yourself as a Preceptor

Recognizing your own implicit biases

What learner qualities are important to you?

What learner qualities are problematic for you?

What type of learner are you unsure how to handle?

Final Thoughts



Set expectations



Consistent
feedback



Direct and honest
communication



Seek help when
needed

“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.”



Questions?

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