

For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: Harold C. Seim, MD, MPH, has been the predoctoral director in the Department of Family Practice and Community Health at the University of Minnesota for 12 years. O. Guy Johnson, MD, is a clinical professor in the department and has precepted students in his clinic continuously for the past 30 years. In this month's column, Drs Seim and Johnson present practical, time-saving tips for community teachers.

I welcome your comments about this feature, which is also published on the STFM Web site at <http://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 Paul Paulman, MD, University of Nebraska Medical Center, Department of Family Medicine, 983075 Nebraska Medical Center, Omaha, NE 68198-3075. 402-559-6818. Fax: 402-559-6501. E-mail: ppaulman@mail.unmc.edu. 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.

Clinical Preceptors: Tips for Effective Teaching With Minimal Downtime

Harold C. Seim, MD, MPH; O. Guy Johnson, MD

Academic physicians know that we would not be able to run our student programs without the help of volunteer clinical faculty. These faculty love to teach, enjoy the satisfaction of aiding new physicians in their learning, and especially enjoy seeing the "aha" response that often comes from these eager learners.

Tips to Make Clinical Instruction of Students More Efficient

Orient Students to the Practice Setting

Tell students where to hang their coats, where the bathroom is, and introduce them to the medical and ancillary staff. Watch the students with some patients first, and repeat

an appropriate amount of the history and physical. Once the student is comfortable with the system, and the preceptor is comfortable with the student, allow the student to make the first contact with the patient.

Clarify Your Expectations to the Students

Revise your expectations as the students learn.

Provide Constructive Feedback

Immediate feedback is most effective. However, you can provide feedback at regular intervals in the teaching day. There is time to talk with students about their cases when walking back from morning rounds, going to noon conferences, or at the end of the clinic day.

Share the Students With Other Partners

A good method is to have a list of patients in the doctors' common

gathering area, along with their chief complaints; the students can choose the patients who provide the best learning experience. Other doctors will have interesting cases to show, as well. Sharing the students with other partners also helps when the primary preceptor is off. Students can read about an interesting case if patients are backing up. This will allow the preceptor to catch up.

Students Need to Learn About How a Clinic Functions

The nurse, business person, lab technician, and receptionist can provide insights for the student.

Students Generally Like to See Patients Alone First, Present to the Preceptor, and Then See the Patient Together

This may not always be the best learning strategy. An article by Epstein et al details critical education experiences in which students

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were only observers of the clinical encounter.¹ Encounters such as these are ones that may take little extra teaching time for preceptors.

Teaching Students Helps Prevent Physician Burnout

Teaching students reminds doctors why they enjoy medicine. Students ask questions that challenge preceptors. These questions require the physicians to have an explanation as to why they treated a patient in a certain way, and it is an opportunity to rethink the approach to treating a certain disease state. We are always students, and the preceptor and student can learn from each other.

Inform Patients That Students Will Be Participating in Their Care

Some clinics always have a student, and patients know they may be seen by a student. For those clinics that take students intermittently, patients should be informed about the student's presence by the receptionist, the person checking in the patient, or by a sign at the reception desk. Patients who do not wish to see a student can be seen by the preceptor alone. Patients should be apprised that their physician has

been chosen to participate in the medical school's educational program, which lends a measure of prestige to the clinical faculty.

Be a Role Model

Role models during medical school, in clerkship encounters, and in residency can be a strong influence in medical students' specialty choice. Conversely, negative experiences can turn students away from specific fields. It is incumbent on all of us to provide positive experiences for students to enhance rather than detract from a career in family practice.

Include Students in Activities Outside the Clinical Setting

Invite students for dinners in your home or at local restaurants or to sports events, plays, musical performances, and other social events. This gives students the opportunity to interact with preceptors in a more-relaxed situation than in the clinical setting.

Be a Preceptor That Students Look Up To

Qualities that students rate highly in their preceptors are respect for students and colleagues, empathy,

a sense of humor, enthusiasm, and dependability.² Highly rated professional qualities are being a good role model, ability to solve conflict, and fortitude to look for alternative answers to problems.³

Teaching medical students in the private office setting can and should be a highly rewarding experience for preceptors and students alike.

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