

Pointers for Preceptors

Planning your time:

Sessions--two to three group sessions per week (90-120 minutes each)

One session with each student for an observed history and physical and feedback (week 3,4,or5)

Write-ups—at least six per student, returned with feedback in 24-48 hours

Evaluation sessions and written evaluations

Sessions

Get off to a good start

introduce yourself, get to know the students, set clear expectations

Articulate goals

help students develop clinical reasoning skills, and connect pathophysiology to clinical observations. In addition, and as important, is to be a mentor and role model as they develop the habits, attitudes and skills of their professional identity as doctors.

Feel free to vary the format .

Student presentations with discussion of differential diagnosis and pathophysiology are the usual starting point. Encourage, or insist, that they present from memory--the process will require them to think more synthetically. Student presentations on common topics relevant to their patients are also usually helpful. These presentations should, in most cases, focus on underlying mechanisms of disease.

Make sure everyone participates and that those not presenting are actively listening by calling on them and asking them what they are thinking.

Going to the bedside, particularly to demonstrate physical findings is a good way to break the routine as well as to teach pearls of physical diagnosis

Write-ups

Six are required in each of the five weeks. It is essential that students turn in their write-ups promptly (no more than 48 hours after admission) and that you get them back to the students promptly--again emphasize synthesis, telling a clear, and accurate story: thoroughness coupled with conciseness. Make sure they include the "assessment and differential diagnosis" and that they do not jump to the "plan". Please make comments and corrections to help them learn to think and express their thoughts with precision. Encourage them to see their new patients "fresh": to go to the bedside and do a history and physical examination BEFORE downloading a lot of phenomenology from the computer.

Witnessed history and physical examination

It is essential to observe your students. Budget at least 30-45 minutes per student. Visit one of their patients, or if convenient, a patient they do not know. Make sure the patient gives permission. Have them elicit the patient's complaints and present illness and demonstrate a physical examination. The evaluation form details specific skills to review. Take advantage of

the opportunity to go over any parts of the exam about which they feel unsure (feeling a thyroid, checking for JVD, where to feel for lymph nodes, etc). **Fill out and return the Observed Clinical Exam Form.**

Feedback

Ask the student to prepare for your feedback session by reflecting on their own strengths and weaknesses. Begin by asking them about their self-assessment. Break down the components of the students' performance: for example: write-ups, oral presentations, bedside skills. Use the competencies to define areas of strength as well as areas in need of improvement. Make sure your feedback is specific, and based on observation. Identify the area and the way in which the student can grow and improve. Be specific about what you observe, and as concrete as possible about what they can do differently. All students can work on perfecting their write-ups and their oral presentations to be models of precision, completeness, synthesis, and conciseness.

Presenting from memory is a good exercise to strengthen these skills. **Fill out and return the Midpoint Feedback Form.**

Evaluation

The evaluation and grading process is done in two stages. The first is at the end of the five week rotation at your site, by which time your written evaluations should be completed and sent to me, and the second is at the end of the whole ten weeks, when the two preceptors and I will meet to determine the final grade.

Your evaluations consist of two parts: a paragraph about the students that includes an assessment of each of the domains below, and the "bubble sheet". Please email me the paragraph. Please do not send hand written comments.

In your evaluation please review the goals and objectives and comment specifically on each relevant competency, as well as on their observed history and physical examination and on their write-ups.

Medical knowledge: and diligence in improving it.

students should be focusing on making connections between pathophysiology and clinical signs and symptoms

Patient Care: history and physical examination skills

clinical reasoning --here it is useful to think about developmental stages:

reporter --can reliably gather and report information,
interpreter --can synthesize and interpret the information
manager --can anticipate what to look for, how an illness will evolve,
how one will know if the patient is improving or deteriorating.
the expected level of proficiency is at the interpreter, becoming manager level

presentation skills --oral and written

Interpersonal and Communication Skills: relation to patients, families, the medical team, all other care givers

Professionalism: good habits, integrity, reliability, ability to accept responsibility and to reflect on their professional role and its evolution

Practice-based Learning: active learning about each patient, review of relevant pathophysiology and other topics in write-ups, on rounds, in preceptor group

Systems-Based Practice: ability to work collaboratively with other members of the health care team

please also include,

your observations of them doing a **history and physical**

specific comments about **write-ups**

the **feedback** you gave them and any improvement you saw

For those not at CUMC, be sure to include comments and evaluation from house staff and in your final evaluation. The site director should be able to help with this.

Most importantly, have fun, and enjoy watching your students learn and grow!

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