Best Practices for LIC Immersion Precepting

10/17/2025

Sarah Wachtel, MD

Objectives

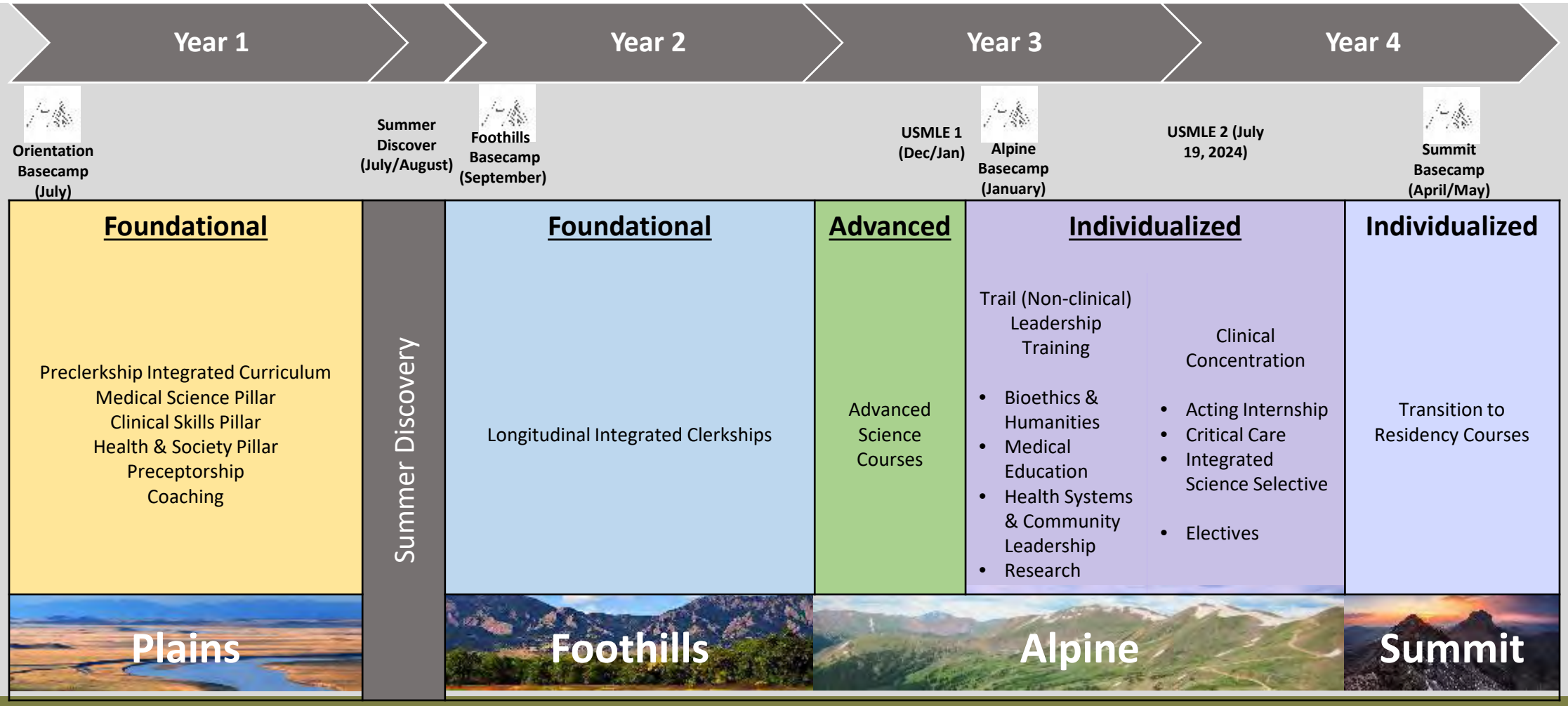
- Understand how the inpatient immersions are integrated into the LIC model
  - Where is your student in the overall curriculum?
- Practice setting expectations - Set up your team for success on day one
  - Getting to know your student
  - Roles and Expectations
- Knowing the EPAs - Planning your direct observations
  - What rounding scenarios allow for best direct observation of specific clinical skills?
- Optimize Rounding for direct observation, feedback and patient care
  - Time efficient rounding in the inpatient setting

Experiences in the audience

"What is your background with learners in the clinical space?"

1) Have not yet worked with students or residents
2) Have worked with residents but not students
3) Worked with students but not LIC
4) Have worked with LIC students but want to refine my teaching practices.

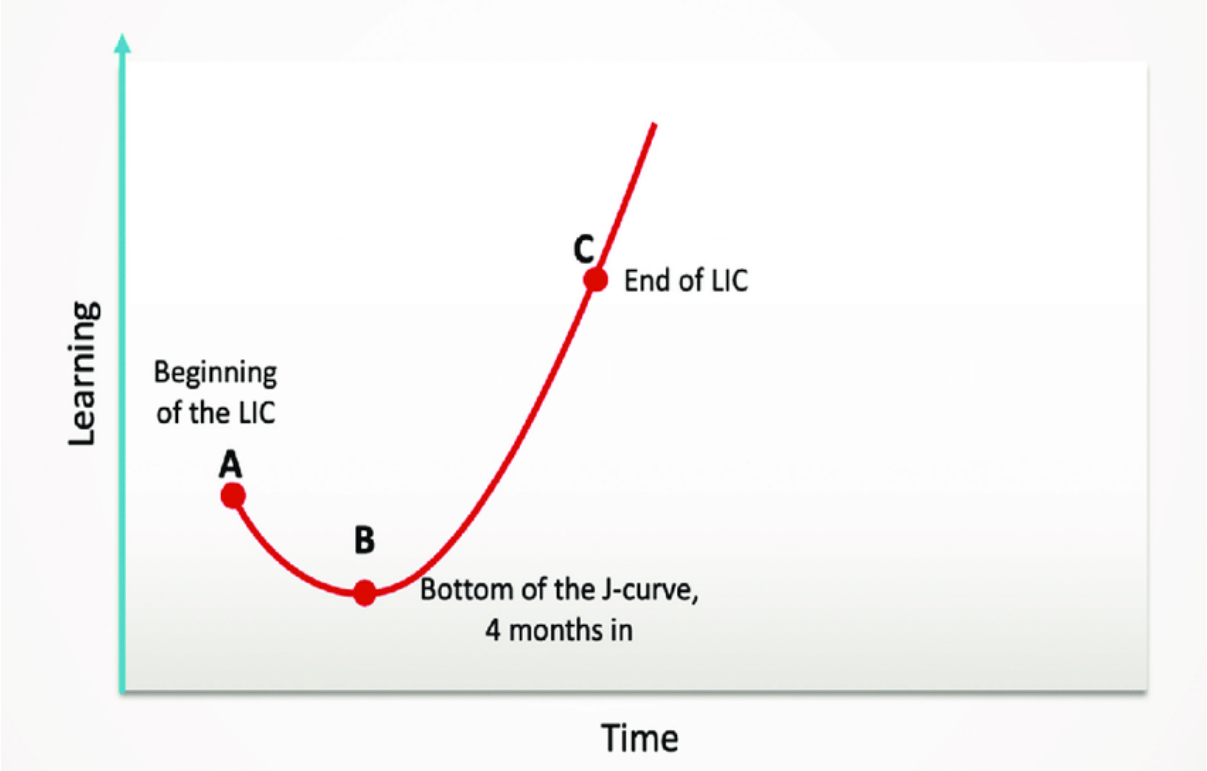
CUSOM Trek Curriculum



Inpatient Immersions

- Goals/Objectives
  - Focused care of acutely ill patients
  - Skill development to support longitudinal care of patients, Care transitions
  - Admissions/discharges
  - Oral presentations, notes, consults
  - Working in interdisciplinary teams
  - Career exploration
- What it is **NOT**: a condensed comprehensive course in that specialty

Interleaving and Spaced Learning



- The J curve
- Not able to focus on your specialty alone
- If you are ever concerned something is not right, reach out to program leadership early so they can help.

Setting Expectations to Optimize Inpatient Immersions

EPA progression: Differential Diagnosis

Start of LIC

- Work towards concisely communicating data obtained in history and physical
- Create a summary statement and problem list for a common chief concern
- Begin to articulate a differential diagnosis.
- Demonstrate intellectual curiosity regarding differential diagnoses of patients

November

- Articulate a reasoned differential diagnosis, based on findings from the patient's clinical data
- Begin to demonstrate clinical reasoning by using a logical approach to evaluating the common presenting complaints, including "red flag" symptoms and signs

April

- Honing in on previous items plus:
- Being to develop concise and accurate summary statements
- Begin to prioritize problem lists appropriately

End of LIC

- All of the above – plus:
- Develop a differential diagnosis that is appropriately broad and prioritized relative to complexity of patient presentation
- Prioritize problem lists
- Begin organizing knowledge of clinical using illness scripts
- Defend one's choice for the leading diagnosis, providing evidence from a patient's clinical data.

Set your team up for success on day one

- Getting to know the learners on your team
- How do you create a safe and educational environment for your students?
  - Encourage a growth-mindset
  - Normalize errors
  - Create trust
  - Be an upstander
  - Set the expectation for questions on rounds

Now what?

- Communicate roles and expectations to your team.
  - Team huddle or debrief at the end of the first day
  - Handouts with written expectations
  - Email the students before the immersion begins
  - Discuss with team before rounds, then sit down with each individual learner in the afternoon to talk more specifically about individualized goals and pulse check on the team

Create a shared vision for the team

- Establishing team roles, expectations and responsibilities
  - What are the current roles and expectations of a medical student on your inpatient teams?
  - What do the students want their roles on the team to be? What are their expectations?
  - How do you create a **shared** vision for the team?
  - What are some of the challenges you may face in implementing this shared vision?

Developing an effective inpatient learning climate

The Clinical Teacher's Toolbox

Beth D Harper[1,2], April O Buchanan[3,4], Rachel EM Cramton[5,6], Anand Gourishankar[7,8], Marta King[9], Kira Molas-Torreblanca[10], Kamakshya P Patra[11], Brian Pomeroy[12], Nicholas M Potisek[13], Elizabeth Seelbach[14], Jessica L Tomaszewski[15] and H Barrett Fromme[16]

Table 1. A quick-start guide to the first-day team meeting (adapted from Raszka et al.)[5]

Strategy	Questions	Examples	Notes
Introductions	How would you like to be addressed? How would you like to be introduced to patients and families?	'I go by Joe, but prefer if patients know me as Doctor Smith.'	Using team members' names goes a long way towards building morale
Icebreaker	Share a fun fact. What are your interests? What is something you would like us to know about you?	'I have 17-month-old twins.' 'I like to bake.'	A personal connection helps to establish a safe and informal learning environment
Elicit prior experience	What is your previous experience with …? (patient population, clinical setting, medicine in general)	'I worked as a paramedic before medical school.' 'This is my first experience with the inpatient setting.'	Eliciting prior experiences allows for a personalised learning experience and creates an environment in which team members' skills and experiences are valued. It also provides an opportunity to distribute teaching responsibility
Share expectations and preferences	Let's touch on rotation and personal expectations that are especially relevant during our time together	'I know all the students need to be directly observed, performing a history and physical three times during the clerkship. We will work together to make sure you are observed at least once this week.' 'I like to meet with the team for 20 minutes in the afternoon to touch base on our patients and to do further patient-based teaching.'	Be familiar with the overall course and/or rotation goals and expectations and highlight those that you consider especially important and relevant to your setting. Taking time to highlight personal expectations or preferences helps to ensure prepared learners
Plan together	What is the next step?	'We expect ongoing informal feedback between all team members. In addition, let's schedule a time towards the middle/end of our time together to touch base on goals and progress.'	Clinical schedules get busy! It is helpful to put this time on everyone's calendar on day one

- Introductions
- Icebreaker
- Elicit prior experience
- Share expectations and preferences
- Plan together

SCAN ME

Set goals

- Micro Goals
  - SMART goals
    - Specific
    - Measurable
    - Achievable
    - Relevant
    - Time-limited
  - Have students write down 1 SMART goal each morning
  - Use the SMART goals to plan direct observations
  - Use the SMART goals for on-the-spot feedback
  - At the end of a 5-day immersion, you will have 5 specific examples for feedback and to include in the student's evaluation

Set goals

- What are the **student's** goals for the immersion?
  - Have learner write down three goals for the immersion on day one
  - Can help direct choice of which patients to follow, chalk-talks, etc.
  - Use these to focus your feedback and evaluations for your student
- What are **your** goals for the student during the immersion?
  - What are the three most important things that a learner needs to know from their immersion that they will not get to learn about or see during their outpatient LIC?
    - **Take 5 minutes to write down your goals prior to day 1!**

Knowing the EPAs - Planning your Direct Observations

EPA domains

- H&P
- Differential Diagnosis
- Diagnostic Tests
- Management Plan
- Preventive Care
- Documentation
- Oral Presentation
- Professionalism
- Compassion
- Clinical Questions and Evidence-Based Medicine
- Member of Interdisciplinary Team
- Technical Skills
- Urgent/ Emergent Care
- Organization/ Prioritization
- Advocacy
- Cohort engagement

The Immersion Form

* Select **at least 4 tasks** from the following list that you would like to assess the student on.

- [ ] History
- [ ] Physical Exam
- [ ] Differential Diagnosis
- [ ] Diagnostic Tests
- [ ] Management Plan
- [ ] Preventive Care
- [ ] Written Documentation
- [ ] Oral Presentation
- [ ] Technical Skills
- [ ] Urgent/Emergent Care
- [ ] Evidence-based Medicine
- [ ] Professionalism
- [ ] Compassion
- [ ] Advocacy
- [ ] Situational Awareness
- [ ] Interprofessional Collaboration
- [ ] Self-directed Learning/Agency

* **For each task you selected above, describe what you saw the student do.** Please provide specific examples and comment on the student's ability to function independently. *Remember your goal is to be the eye-witness not the judge and to use verbs more so than adjectives*.

Rich text

* Describe what the student needs to do to move to the next level.

Rich text

For a patient with a common concern, if you were to supervise this student again how would you assign the task to the student to ***assure safe and effective patient care***?

Physical Exam	Differential Dx	Plan
1. I would do the exam myself	1. I would create the differential diagnosis myself	1. I would create the plan myself
2. I would do the physical exam with the student	2. I would work with the student to create the Ddx but take the lead	2. I would work with the student to create the plan but take the lead
3. I would let the student do the physical exam and repeat ALL findings	3. I would let the student create the Ddx but then provide SUBSTANTIAL input	3. I would let the student create the plan but then provide SUBSTANTIAL input
4. I would let the student do the physical exam and repeat KEY findings	4. I would let the student create the Ddx but then provide MINIMAL input	4. I would let the student create the plan but then provide MINIMAL input

Modified from Chen et al

The EPAs – Competency-Based Assessment

- Based on the concept of trust:
  - Do you believe that the student can do the activity on their own correctly and ask for help when needed?
  - Utilizes your judgment and observation
  - Trust depends on the student's:
    1. Knowledge and skill
    2. Discernment – Do they know their limits?
    3. Conscientiousness – Do they follow through?
    4. Truthfulness – Do they admit mistakes?
  - Specific billing rules or clinic logistics DO NOT need to play into this rating

SMART Goal

EPA

Direct Observation

- "Today I want to form my own management plan"
  - Student prepares EBM critical appraisal of a treatment they want to prescribe.
  - Directly observe student verbalize plan of care to the patient
  - Offer student opportunity to place all orders and provide feedback before signing
  - Clinical reasoning – have student justify evaluation based on leading and can't miss diagnoses under consideration.

SMART Goal

EPA

Direct Observation

- Think of goals your students have set in the past? How can you link them to the EPA and direct observation: Think, Pair, Share
  - During this week I want to improve my clinical reasoning for differential diagnosis, "I want my top 3 to match the resident's and yours!"

- Professionalism
- Compassion
- H&P
- Differential Diagnosis
- Diagnostic Tests
- Management Plan
- Preventive Care
- Documentation
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- Member of Interdisciplinary Team
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- Cohort Engagement

Increasing Direct Observation

- To provide effective feedback – it needs to be based upon direct observation.

- Barriers to direct observation
    - Time, competing responsibilities, inability to isolate the learner's skills or deficiencies in a given encounter.

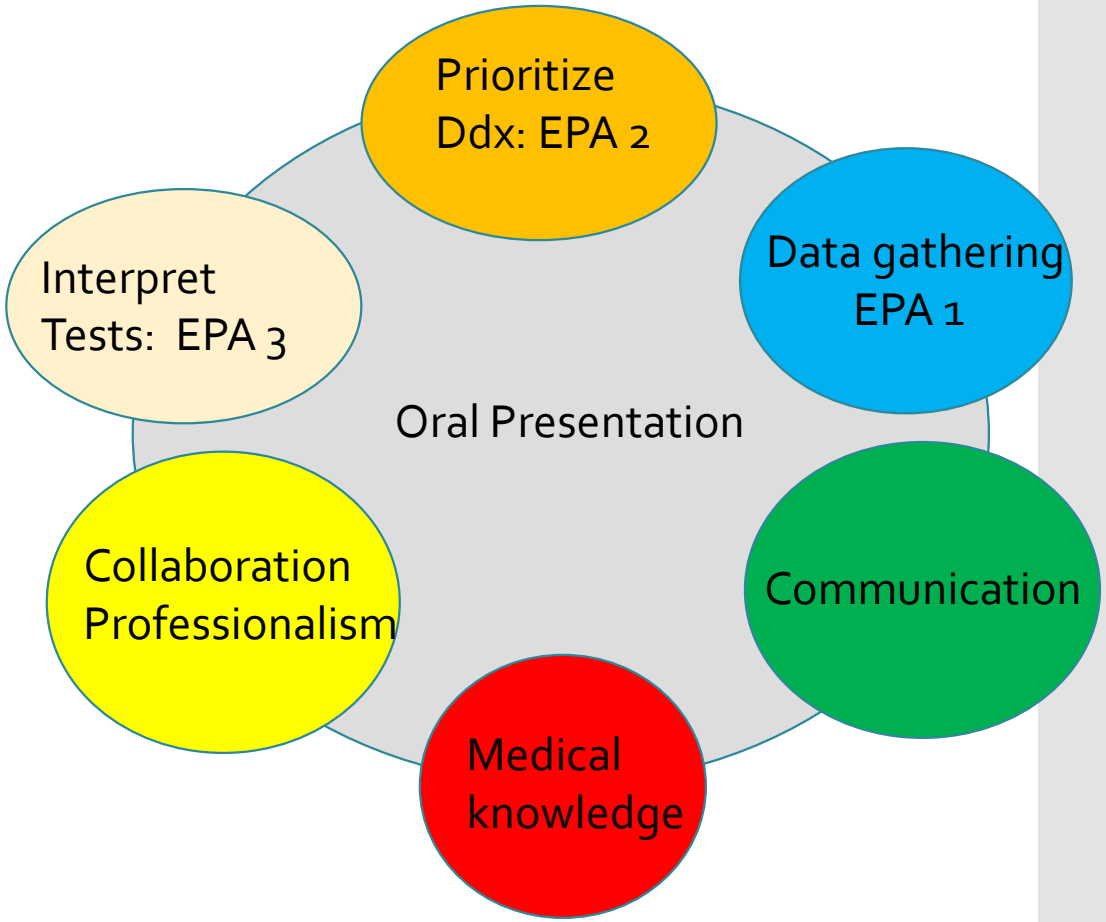
Ramani S, Krackov SK. Twelve tips for giving feedback effectively in the clinical environment. *Med Teach*. 2012;34(10):787-791.

Do's for Direct Observation

- Signpost it – "I'm going to observe you do.."
- Get there first!
- Define the skill being observed
- Write it down
- Directly observe meaningful patient care activities – Diagnostic and therapeutic "Pivots"
  - New patient
  - Difficult news
  - Physical exam
  - Obtain additional history based on new data
  - Patient education

EPA 6: Provide an oral presentation of a clinical encounter: caution needed

- Present information that has been personally gathered, acknowledging areas of uncertainty.
- Provide an accurate, concise, and well-organized oral presentation.
- Adjust the oral presentation to meet the needs of the team.
- Ensure that both parties have a shared understanding of the patient's condition and needs.



Converting to Direct observation

- Procedure team: supervise the consent- medical knowledge, communication
- Ask student to give 5 min chalk-talk- self-directed learning, interpreting data/medical knowledge
- Have student demonstrate key exam findings.
- Pick a day for student to provide the updates and "plan for the day" to the patient- communication, use of medical jargon?

Don’ts for Direct Observation

- Take on too much
- Use surrogates – just the presentation, items where there is “filtering” by the resident or other team members.
- Don’t attach the feedback or “areas for improvement” to the person/personality traits. Provide feedback on the skill observed.

Why do we do this?

- **Ensure quality patient care**
- **Provide direction and motivation for future learning**
- Determine readiness for independent practice
- We don't all self-assess well
- Improve educational curriculum

- **Assessment Drives Learning**

TWELVE TIPS

Twelve tips for giving feedback effectively in the clinical environment

SUBHA RAMANI[1] & SHARON K. KRACKOV[2]
[1]Harvard Medical School, USA, [2]Albany Medical College, USA

- Establish a respectful learning environment
- Direct observation
- Begin with the learner's self assessment
- Use specific, neutral language to focus on performance
- Conclude with an action plan
- Confirm learner's understanding

Optimizing inpatient rounds with students for learning, time efficiency, and patient care

Identify a toolbox for effective, time-efficient rounding with learners

Where do you spend your time during rounds on a teaching team?

- What is the time difference between rounding alone vs rounding with a team of learners?
- What contributes to that difference?
  - Direct contact with patients?
  - Direct teaching?
  - Updates? Assessments? Plans?
  - Tasks?
  - Other?

You are the experts!

- How is your time spent during teaching rounds?
  - Teaching
  - Patient communication
  - Interdisciplinary communication (consults, RN, SW/CM)
  - Orders
- What are YOUR tips and tricks for effective and efficient rounding with medical students?

Effective and time-efficient rounding

- Multiple strategies - no one size fits all for all attendings, students, or environments

Things to Do - Bedside Rounds

- Concerns- loss of learner autonomy, efficiency, emotional distress to patients or anxious learners during BSR.

- Are these concerns unfounded?
  - Studies show 87% of patients do not experience - *N Engl J Med* 1997;336:1150

  emotional distress on bedside rounds
  - Improved understanding of the plan of care
  - Improved understanding of their illness and test results
  - Increased perception of clinician time at the bedside
  - Patient preference - *J Gen Intern Med* 2010;25:792
  - Increased efficiency ?

Ricotta DN, Freed JA, Hale AJ. Things We Do for No Reason™: Card Flipping Rounds. *J Hosp Med*. 2020;15(8):498-501. doi:10.12788/jhm.3374

Patient care

- Before patient interaction, discuss goal(s) of the interaction
  - Make the interaction targeted when possible
  - Let the student help identify the goal for the interaction
  - Set times for specific tasks (gathering history, physical exam, etc)
  - Give student the responsibility of staying on time

Increasing the quality and efficiency of bedside teaching

- Set expectations for bedside presentations
- Preround
- The first 30 seconds in the room – who most needs bedside rounds?
- Avoid interruptions – learner / allow interruptions – patient
- Scale questions to the level of learner
- Role model
- Discovery rounds / work rounds? – know your learner first
- Revisit

Patient care

- Select appropriate patients for your student
  - New patients
  - Patients who may benefit from more time talking
  - Diagnoses not yet seen
  - Patients presentations that meet the immersion learning objectives
  - Students want a challenge and to have authentic role on the team
- Select appropriate *number* of patients for your student
  - Too few – not enough active learning
  - Too many – overwhelming, decreased time efficiency
  - *A word on assigning "a good or bad learning experience"

Structure of Patient Interaction

- Bedside Rounding or Patient Interview
  - Direct Observation - Student talks, you observe
  - Feedback - Allows for direct feedback of observed exam
  - Patient Care - Defer patient questions to the student when possible
  - Consider being the scribe for the student to decrease workload after rounds and allow more time for learning and direct patient care

What can the student do to help with time-efficiency?

- Documentation
- Med reconciliation
- Literature review
- Phone calls
- Chart “deep dives”

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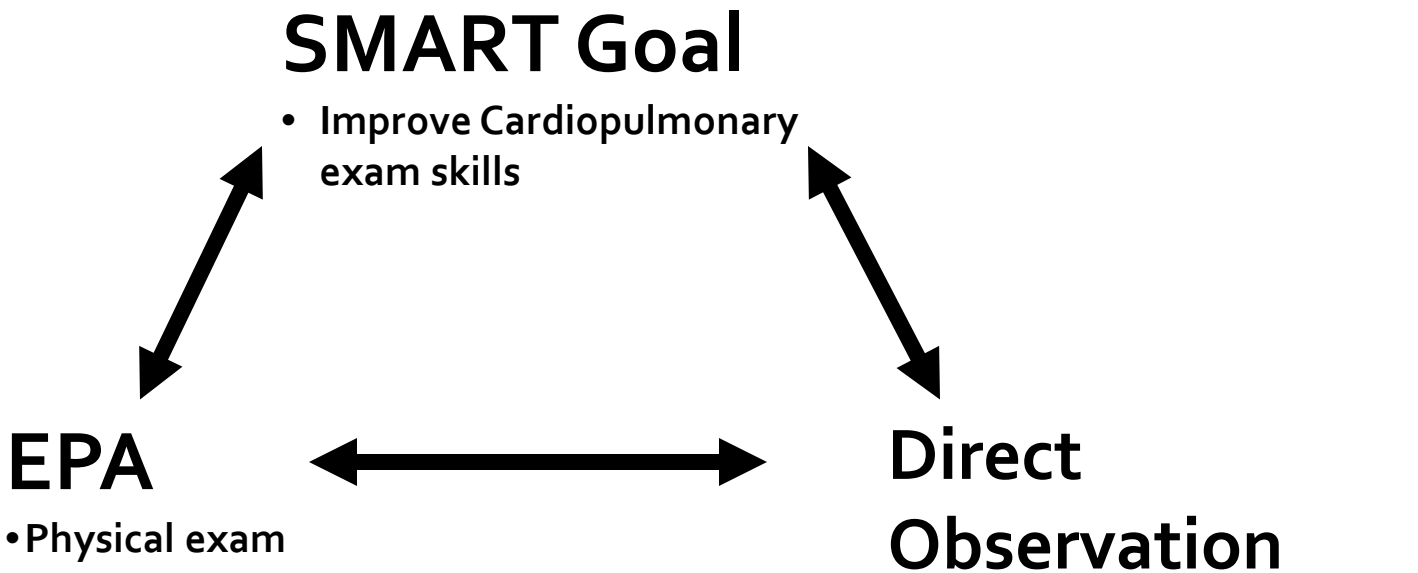
SCAN ME

Take Home Points



Narrative feedback

Student able to accuractely assess JVP and incorporate findings into clinical assessment of heart failure. Needed assistance incorporating the volume assessment into their management plan and diuretic dosing.

Tips and Tricks to improve rounding workflow with students

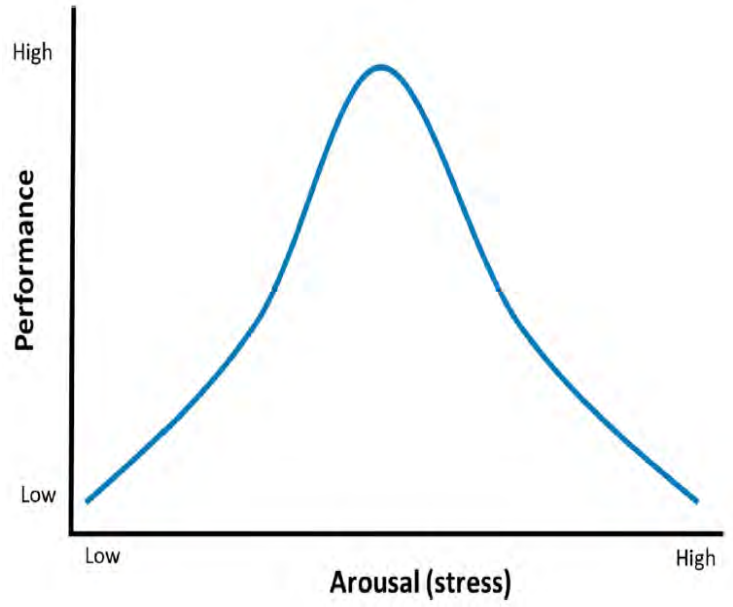
Quizzing on rounds, Psychological safety

- Toxic quizzing – what is it or "pimping". Rapid fire of fact based questions seeming to reinforce the intellectural hierarchy rather than assess student reasoning.
- Why quiz? - The rationale is the Yerkes-Dodson Law
- Why not? – Many qualitative studies show students

Find this demoralizing or defeating.

- How to quiz? – create a growth mindset, reinforce

areas for growth over "deficits", non-judgemental



MEDICAL TEACHER
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https://doi.org/10.1080/0142159X.2020.1749583

TWELVE TIPS

12 tips for effective questioning in medical education

Stacey Pylman and Amy Ward

Making the Most of Five Minutes: The Clinical Teaching Moment

Jo R. Smith ■ India F. Lane

Probe learners knowledge and reasoning - "how would you discriminate between these diagnoses?" What data did you use to make pancreatitis your leading diagnosis?"

Broadening - "What are some other causes of.."

Justifying - "What about the patient's history or physical supports this diagnosis?

Hypothetical - "What will you do if the Hb drops again?.."

Alterntive – "What are advantages of doing this evaluation now vs. outpatient?

Reflective – "What should this patient have that is missing from a typical presentation of a COPD exacerbation, what else could it be?

Thank You

- Questions?
  - Sarah Wachtel, MD sarah.Wachtel@cuanschutz.edu
  - Jennifer Adams, MD jennifer.e.adams@cuanschutz.edu
  - Reem Hanna, MD reem.hanna@cuanschutz.edu

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