LIC EFFICIENT PRECEPTING

TIPS AND TRICKS MAXIMIZING EFFICIENCY WHILE WORKING WITH AN LIC STUDENT

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LEARNING OBJECTIVES

- Use tools for successful precepting during busy sessions
- Create strategies to prepare students for success
- Review ways to make your life easier and more fun
- Give more responsibility to your students

OUTLINE

- Before Clinic
- During Clinic
- After Clinic

Summary of Efficient Precepting

	1st half of year	2nd half of year
Before clinic	Bring laptop Send patients to prechart Introduce to MAs & RNs; Add to secure chat If going to work with PharmD, RD, LCSW then prime them with questions, role with PCP	Have student pick which patients they would like to see based on their SMART goals. Schedule continuity patients during times when student will be with you
During clinic	How to do chart review Provide agenda for visit; Time limit to visit Go over preliminary differential diagnosis before student enters rooms Scribe or Shadow some visits for interesting history/exam Observe procedures Med rec from prior week visit Looking up questions; Topical presentations Start Notes	Precept in Presence of Patient Pending labs and diagnostics Complete notes for real time review Follow up with continuity patients Review old topical presentations - learner teaches you what they remember!
After clinic	Finish Notes Evaluations	Plan for labs MHC messaging Phone calls

Before Clinic

What are you doing to prepare yourself or LIC student before the clinic session?

First day

- You are meeting your new LIC student the first week of their clerkship.
- What are some key ground rules you should establish up front to set the tone for the year?
- What do you show them in the clinic on the first day?

Example Email

Preceptor: Elena Lebduska, MD MS
Contact Information: elena.lebduska@cuanschutz.edu
Clinic Schedule: Monday afternoons (telehealth), Wednesday mornings, Friday mornings. With the residents on Tuesday mornings and afternoons (not ideal but could make this work)

Welcome to your IM outpatient LIC. I am very excited to have you and share my passion for GIM!

Expectations:

1) Please let me know if you are going to miss a clinic. Fine to do we will just coordinate with the schedule above to do a make-up session.
2) My clinic on Wednesday starts at 8AM-12PM, I aske that you come at 745AM so we can run the list together.
3) We will try to prep for which patients would be best for you to see, so please let me know what you interested in seeing or want more exposure to.
4) You will be ordering all labs and imaging (don't worry I will show you how to do this). If you order a test you are responsible for its follow up (also don't worry I will help you interpret everything, but I would like you to try to interpret the results by yourself and come up with a plan).

Set Up For Success

- **Clear expectations** for student
- How to communicate with each other
  - Text, email, phone call, etc
- Describe and explain clinic structure and workflow
- Help students select which patients to see

Efficiency Before Clinic

- List of patients to prechart
- If working with multidisciplinary team member (PsyD, PharmD, RD, LCSW) then prime with questions related to role with PCP

What are you doing to increase efficiency with your LIC student during the clinic session?

Student Expectations

- Students' priority is taking time with the patient; time constraints may be new for them
- Set realistic expectations on student workflow:
  - 1-2 patients at first; 3-4 patients later in year
  - Interview, evaluate, and complete notes
- Ambulatory medicine is a team effort!
  - Respect all members of the team nurses and MAs time (make sure they get to lunch or home on time)

During Clinic

Efficiency During Clinic- 1st half of year

- How to do chart review
  - Filter tab
  - Health Maintenance Tab
  - Growth Chart
  - Overview in A/P
- Give agenda for visit
- Go over preliminary differential diagnosis for new/acute concern
- Time limit for visit

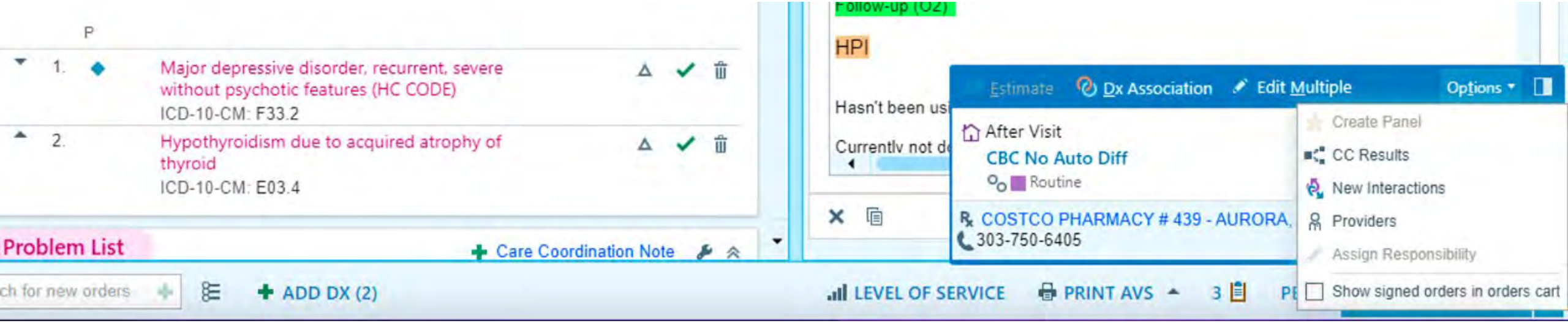
Efficiency During Clinic – 1st half of year

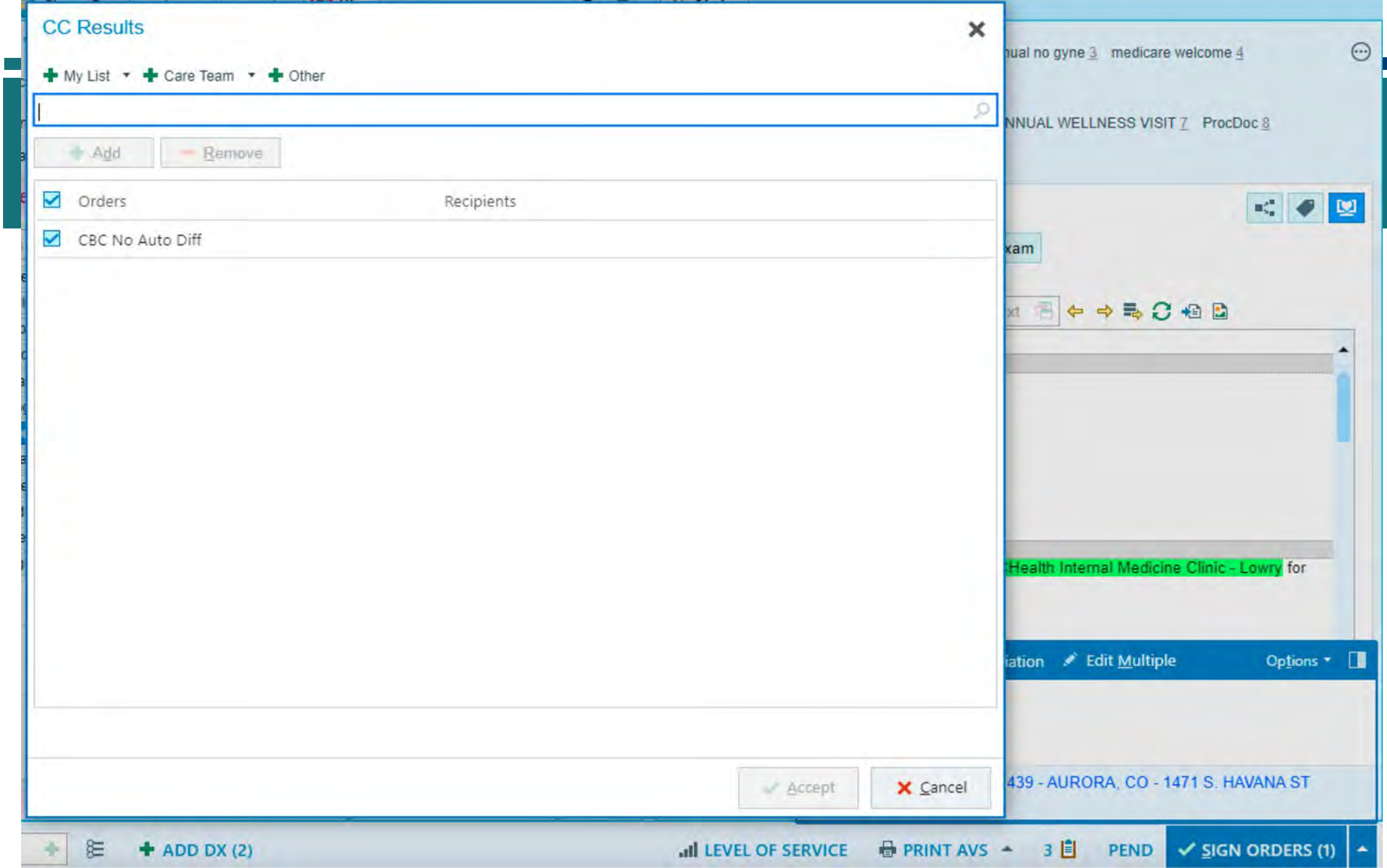
- Scribe for student
- Have the student shadow for some visits, especially if interesting history/exam
- Observe procedures:
  - ECG, injections, cryotherapy, ECT, TMS, IUD, Nexplanon
- Follow up phone call to patient from prior week(s)
- Look up questions, prepare topic presentations

Student Lab and Diagnostic Follow Up

- From day one students can:
  - Pend all orders (they order and associate the diagnosis and then I sign them, CC results)
  - Follow up all results (different expectations based on time of year)
  - Communicate results to the patient under supervision

Have the Students Order Labs




CC Results
My List
Care Team
Other
Add
Remove
Orders
Recipients
CBC No Auto Diff
Accept
Cancel
nual no gyne 3
medicare welcome 4
NNUAL WELLNESS VISIT 7
ProcDoc 8
xam
Health Internal Medicine Clinic - Lowry for
iation
Edit Multiple
Options
439 - AURORA, CO - 1471 S. HAVANA ST
ADD DX (2)
LEVEL OF SERVICE
PRINT AVS
3
PEND
SIGN ORDERS (1)

What are your strategies when clinic is extra busy

Modeling: Thinking out loud

- Communicate framework for solving clinical problems
- Demonstrate individualized decision making and application of EBM to specific cases
- Expose learners to ambiguity and model life-long learning

Active Shadowing

- Opportunity to role model
- Even better later in the year!
- Learner tasks with debrief afterwards

Exam room teaching (bedside)

- Presentation of clinical case
- Direct Observation of history taking, communication, PE
- Discussion of key findings, differential diagnosis & treatment plan
- Focused teaching on relevant topic

Efficiency During Clinic – Second half of year

- Precept in Presence of Patient
- Pending labs
- Review old topical presentations - have learner teach back to you
- Have students complete their notes during clinic session so you can review and sign right then (also given immediate feedback)

After Clinic

What are you doing to increase efficiency with your LIC student after the clinic session?

What can you do to increase efficiency with your LIC student evaluations?

Real email sent to student after clinic following intense session

Real Post Clinic Email to My Student

Precepting Today

LE

Lebduska, Elena <ELENA.LEBDUSKA@CUANSCHUTZ.E...

Wednesday, December 4, 2024 at 2:22 PM

To: [redacted]

Hey [redacted]

Great job today, I realized it was a little rushed and wanted to touch base on a couple things

1. Any other thoughts for [redacted] hyponatremia? What should we tell her?
2. For my visit with [redacted]. This isn't a concierge medicine practice where my patients can see me any time they want. I discussed this with her today knowing she trusts me and this came from a place of her feeling desperate. Boundaries are important though overall
3. Article attached on adrenal insufficieccy and how we monitor these patients
4. https://pmc.ncbi.nlm.nih.gov/articles/PMC11046533/
5. Excellent note on [redacted], I changed nothing

Re: Precepting Today

VM [redacted]@CUANSCHUTZ.EDU>

Thursday, December 5, 2024 at 8:00 AM

To: Lebduska, Elena

1. Okay, I am struggling with this hyponatremia stuff. Serum sodium is low but her total body water did not appear low on exam. Her BP even while on antihypertensives was normal. This makes me think less of hypovolemic hyponatremia. I am more of thinking of causes of euvolemic hyponatremia. Urine osmolality was over 100 which is more concentrated than I would expect in hyponatremia. My differential is leaning more towards SIADH, hypothyroidism, adrenal insufficiency, or her medications. I still think hypothyroidism is lower due to the normal TSH. I would expect a lower BP with adrenal insufficiency as well. Her serum osmolality is still greater than her urine osmolality, so I am less worried about SIADH.
   So, I am more leaning towards this being due to antihypertensives or low salt in diet. She orders all her food from home and seems very conscious of her blood pressure. As a result, she may have cut out more salt than needed. I still think that adding salt into the diet, especially since her repeat BMP showed improvement, is a good idea. I still think she should be taking her BP medications. I think that overall management in salt repletion via diet and a reevaluation of the sodium sooner than her next annual visit. If managing the sodium proves more difficult than expected, we could consider salt tablets or further workup. Maybe in a like 1-3 months for follow up BMP and in the meantime watching for concerning signs of hyponatremia like dizziness, nausea/vomiting, and headache.

2. I was actually pretty impressed with how the visit with [redacted] went. I felt like she initially came in pretty hot, and I felt myself kind of panic. I saw how you kept all your emotions in check, helped her feel listened to, did not escalate the situation, and handled the medical part of the visit. It is definitely something I want to work on with regulation of my emotions and not letting myself get swept away in what a patient is feeling. I feel like I want to empathize and then sometimes just lose control of the situation. Overall, I found it to be a good learning experience.

3. That was big takeaway for me from today. I need to start affirming to myself what matters to me during a visit and what things I am looking for. I think I am deferring a lot to the people around me whether it be other staff or the patient. If they say they are doing something, I think well that must be right and I must be confused. I need to start asking for clarification more to make sure to clear up confusion on my part, so I can manage patients correctly. I need to take some responsibility and use my agency.
I am so embarrassed and frustrated with myself that I missed the importance of diarrhea in an elderly patient once again. I heard some GI issues and thought to myself, well you guys do not seem that stressed about it, I am sure it's not that bad. I need to put my clinician hat on and start asking important questions when I am given important clues. I saw how once you hear something that sounds off to you, you start digging deeper immediately. I want to work on being more direct about these warning signs and symptoms.
Putting on that IM hat overall is something that needs a lot of work on my part. I saw sore throat and thought low acuity. I need to remember that our patients have more conditions that they deal with on a daily basis that are affected by things that may be low acuity in less complex patients. I need to slow down and think a little bit more about the complete picture of the patient before making decisions. I need to treat the patient, not just the condition.
I am going to be working on putting together some SMART goals to help address these areas for

Re: Precepting Today

LE

Lebduska, Elena <ELENA.LEBDUSKA@CUANSCHUTZ.EDU>

Thursday, December 5, 2024 at 8:32 AM

To: [redacted]

Adrenal insufficiency just very important overall to know about. When I was an intern I missed it and I thought I almost killed someone and it was at the time really distressing to me (remined me to tell you the story someone). I felt bad about this for a long time. This patient was mine so when I saw his med list that included testosterone, levothyroxine and pred I immediately knew he had no HPA axis and he was adrenally insufficient and more vulnerable. Also important to think about immunosuppressed context for those on chemo, HIV, or biologics for autoimmune disease. You did great thinking about HIV and STI for sore throat though as we often forget about this

Take next week off and Ill see you on the 18th

Patients that would be good are

1. [redacted]: medicare wellness, but check back on her cardiac history for learning (valve surgery after I discovered a murmur)
2. [redacted]: diabetes follow up
3. [redacted]: also diabetes follow up

Efficiency After Clinic

- Notes
- Evaluations

Efficiency After Clinic Second half of year

- Learner send you tentative plan for labs
- MHC messaging
- Phone calls

Efficient Evaluations

- Simple vs. complex patient concerns
- Required level of preceptor input
- History, exam, DDx, A&P, oral presentation, written note

Efficient Evaluations

Record notes from each session of specific skills you observed

- Running Word document
- Emails with these comments/sentences to use for your evaluation and save time later

Shift responsibility to student later in year

- Have them select patients ahead of session and let you know
- One lab follow-up each session - but clearly indicate which patient

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Summary of Efficient Precepting

- Expectations
- Selecting patients
- Explore clinical reasoning
- Student responsibilities
- Authentic roles during/after visit
- Evaluations

SHARE YOUR IDEAS:

What are three things you are going to start doing today?

Share takeaways or new ideas with your colleagues

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THANK YOU!

Thank you for using your expertise to educate medical students.

We are lucky to have you!

What are your questions?