

What Can We Learn from our Successful Clinical Preceptors?

ROUNDTABLE PRESENTATION

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EDUCATIONAL GOALS AND OBJECTIVES

At the conclusion of this session, participants will be able to:

- Identify the characteristics of a successful clinical preceptor
- Describe ways to use the experience of successful preceptors to provide faculty development to new and established preceptors
- Discuss how to utilize what is learned from successful preceptors to develop recruitment tools to engage new clinical preceptors

INTRODUCTION

Recruiting and retaining clinical preceptors is a challenge many PA programs face. The reasons for this are varied and many. There may be logistical reasons such as transportation and housing issues for students. An emerging common obstacle is electronic medical records, which many practices are incorporating into their practices.

Preceptors may be reluctant to take a student into his or her practice because they perceive a negative impact on their clinical productivity. Preceptors often cite reasons of being too busy to have a student. Others believe that their patients would not be accepting of having a student in the practice.

BENEFITS OF BEING A CLINICAL PRECEPTOR

- Increased enjoyment of clinical practice.
- Sense of giving back to the profession.
- Decreased sense of professional isolation.
- Satisfaction in being a role model for students and playing a role in their professional development.
- Adjunct or volunteer faculty appointments to preceptors.
- Access to institutional resources, including the medical library, grand rounds and other CME offerings through the institution.
- CME credit for teaching

WHAT CAN WE LEARN FROM OUR SUCCESSFUL CLINICAL PRECEPTORS?

An analysis of OHSU students' evaluations of preceptors and rotation sites revealed that the preceptors who are rated most highly have the following characteristics:

Students feel welcomed in the practice by the preceptor, staff, and patients

- Students are oriented to the clinic/hospital setting when they first arrive
- Students have a space for a student to work in (work station, desk, etc)
- Preceptor shows enthusiasm for teaching
- Students are incorporated into the practice schedule

There is open and frequent communication with preceptor

- Clear expectations of the student and preceptor are established at the outset
- The preceptor is receptive to students' questions
- Students receive immediate and frequent feedback (positive & negative)

Students are directly observed

- Preceptors provide appropriate supervision of students' skills
- Provides opportunities for constructive feedback

Preceptor takes and active interest in the student's learning

Student assignments such as researching a topic, online tutorials, etc
Taking time to discuss patients (particular the assessment and plan)
Allowing increasing student responsibility as the rotation progresses

In addition to the feedback students provide us with, as faculty, we also know that our best preceptors are those who:

- ✓ Familiar with and accepting of physician assistants
- ✓ Knowledgeable about the education and training of PA students
- ✓ Knowledgeable about the scope of practice of physician assistants
- ✓ Truly interested in teaching

“I’M TOO BUSY TO TAKE A STUDENT”

The classic teaching method of having the student see the patient and present the case, followed by the preceptor seeing the patient and teaching the student about the patient’s case, is neither an effective nor efficient way of teaching or learning.

Data collected from Oregon Health & Science University demonstrate that it is possible for faculty to have be effective educators while maintaining high clinical productivity. Specific techniques that preceptors use to improve their efficiency, augment student learning, and improve patient care and satisfaction will be highlighted today.

“MY PATIENTS DON’T WANT TO SEE A STUDENT”

Most clinicians are very protective of their patients. Some preceptors may feel that nobody else can care for their patients the way they can. Others may assume that their patients don’t want to see students. This seems to be particularly true in obstetrics and gynecology, and pediatrics. However, there have been some published studies⁵⁻⁸ that have shown that care by medical students or residents does not compromise patient satisfaction.

DISCUSSION and WRAP-UP

For the next 25 minutes we will divide into small groups so that we can discuss how programs might utilize what we know about our successful preceptors to develop recruitment and faculty development tools to engage new clinical preceptors. In the final 15 minutes or so, we will ask someone from each group to summarize their group’s discussion and ideas.

References:

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