



Strategies to Ensure that Students Add Value in Outpatient Offices

Preparation in advance of rotation:

These activities will allow students to “hit the ground running” when they join a practice, immediately making students valuable members of the team and enhancing the educational experience.

1. Course director and course coordinator in partnership with practice leaders:
 - a. Develop a formal Student Partner Policy. This should include where to park, hours, expectations, start time, names of team members in the practice, practice phone numbers etc.
 - b. Develop orientation materials (print or video) specific to the practice.
 - c. Ask preceptors and students to submit short bio-sketches about themselves. Share these with students in advance of rotations. This immediately humanizes the experience. The preceptor is a human and so is the student.
 - d. Develop “job descriptions” for students to make it clear to teachers in the practice what roles and responsibilities this particular level of learner in this particular course can assume. The job descriptions should emphasize specific skills students have been prepared to perform.
 - e. Make sure students have access to EHRs. Advocate for full access.
 - f. Create business cards for students to give to patients. Students will use these to share their phone numbers with patients so patients can call when they are going to specialist appointments or for procedures, etc. This helps increase ownership of patient care. Distribute the cards to students at orientations.
2. Course director (in person and/or virtually):
 - a. Orient students to the practice using resources (see 1a, 1b, and 1c).
 - b. Adjust course schedules to allow students time for an introduction to the practice and team in advance of actual rotations.
 - c. Provide students with clear expectations of what roles they will assume in the practice (see 1d). Discuss approaches that students can take to ensure that members of the team do not feel like students are “taking away the job” of someone on the team. For example, students can ask team members to teach them, and then express their appreciation.
 - d. Encourage students to share their cell phone numbers with preceptors so preceptors can easily get in touch with them about patient-related issues. Define boundaries for students and preceptors to make sure students are not overwhelmed. This can be done using job descriptions (see 1d).
 - e. Train students in motivational interviewing so they can effectively talk to patients about behavior change.
 - f. Train students in basic procedures relevant to outpatient offices, including but not limited to taking vital signs, obtaining EKGs, giving injections/immunizations, drawing blood, starting IVs, closing simple lacerations, splinting sprains.
 - g. Train students to effectively use EHRs, including updating medication lists, placing orders, completing after-visit summaries, checking lab results, reviewing relevant past histories and psychosocial context, and using registry functions.
 - h. Train students on “to do” functions for clinicians in EHRs, for example how to clear the in-basket in Epic. With appropriate preparation and supervision, students can help clinicians work through their “to do” lists.
 - i. Train students in health coach and care manager functions, including how to make follow-up phone calls. Consider involving care managers in the training.
 - j. Help students understand that preceptors are providing a service that goes well beyond what they are being paid to provide. Discuss approaches students can take to express gratitude for this teaching and mentoring.

Student roles during the rotation:

These activities can directly improve the quality of care of patients, making students valuable members of the team and enhancing the student educational experience.

Course directors can use this list to develop job descriptions in advance of rotations (see 1d). The list can be shared with preceptors. Preceptors can use this list to suggest activities for students within their practice.

1. Before the visit, students can:
 - a. Help with pre-visit planning, put in orders for preventive services where appropriate, pend orders for medication refills, determine what labs are needed, and call patients in advance of visits to discuss any pertinent issues.
 - b. Meet patients in the hospital prior to discharge (then see the patients during their outpatient visits post discharge).
 - c. Conduct concurrent visits with the preceptor (preceptor can complete one or more visits while student conducts basic components of another visit).
 - d. Give common patient education talks (URI, constipation etc).
 - e. Participate in goal setting in advance of patient visits (i.e., what will we ask and how?, and what is the anticipated outcome of the visit?).
 - f. Review social histories and participate in huddles in order to understand patients. The student will not only be more effective in the office but will also become a better doctor!

2. During the visit, students can:
 - a. Room patients (empower nursing staff to help educate students).
 - a. Help patients and families complete developmental screening questionnaires, school physical forms, etc.
 - b. Help document care in EHRs.
 - a. Update problem lists and medication lists.
 - b. Write and pend orders and prescriptions.
 - c. Complete after-visit summaries and review them with patients.
 - d. Write encounter notes. You'll need to verify these.
 - c. Perform medication reconciliation.
 - a. Discuss medication side effects with patients.
 - b. Assess for medication interactions.
 - d. Give immunizations.
 - e. Draw blood.
 - f. Find and review quality patient education materials with patients.
 - g. Create collaborative care plans with patients.
 - h. Perform scribe functions (especially students in early training).
3. After the visit, students can:
 - a. Answer patient questions, with supervision, in EHR/patient portal "in basket" and communicate lab results to patients.
 - b. Call patients several days after visits. This provides an opportunity for students to ensure patients understand and are adhering to their treatment plans.
 - c. Provide care coordination by accompanying patients to specialty care visits, the hospital, the pharmacy, and/or their homes (This is especially good for complex patients.). Students can bring information back to the practice.
 - d. Make calls to coordinate specialty visits, social work assessments, and/or referrals to other resources.
4. Students can work with team members to help manage the care of populations by:
 - a. Following a panel of patients during the rotation (and possibly transitioning the population to the next student).
 - b. Working with front desk staff, lab techs, nurses, social workers, care managers etc. Students do not need to be with physician preceptors throughout the day; others on the team have a lot to teach.
 - c. Setting aside time to perform pre-visit and after-visit care. It's important that students recognize this is part of taking care of patients (and not a bureaucratic function).
 - d. Proactively reaching out to patients who need care (patients who have gaps in care, such as high A1c's and those who haven't received flu shots).
 - e. Helping teams meet quality metrics by working with patients and understanding how to document care in EHRs.
5. Students can contribute to the team and enhance clinical skills by:
 - a. Creating patient handouts that list reliable patient education websites.
 - b. Bookmarking quality patient education sites on office computers or within the EHR.
 - c. Using sophisticated computer knowledge to help clinicians work more effectively with EHRs.
 - d. Answering clinical questions that arise during patient care and sharing the answers with the preceptor.
 - e. Sharing information about high quality medical apps with preceptors and the practice team.

Activities at the end of the rotation.

These activities enhance the learning environment for future students, inspire preceptors to continue to teach, and strengthen the relationship between students and preceptors.

Course directors:

1. Give students certificates to give to special patients thanking them for allowing them to be part of their care. This works particularly well for longer rotations where students develop deeper relationships with patients.
2. Provide student feedback to the practice, with a focus on how the preceptor and practice helped students.
3. Give public thanks to preceptors and practices for teaching. This can be done through posts on the school's website, short articles in local papers, or social media.

Preceptor engagement:

Ongoing conversations with preceptors can enhance the training environment and make teaching more efficient and enjoyable for preceptors and students.

Course directors cover the following in conversations with preceptors:

1. How to make teaching more efficient: Focus on where the student is developmentally. The RIME assessment (reporter/interpreter/manager/educator) can help make teaching more efficient. Students move from understanding (reporter/interpreter) to action (manager/educator). (Pangaro 1999). Other models, such as the 5 Microskills of Clinical Teaching, can also be used.
2. Teaching students is an effective way to engage in life-long learning. Preceptors may need less CME!
3. What they're doing is important to you, to students, and to the health care system. Share student feedback with preceptors, thank them, provide preceptors with certificates etc., in recognition of the work they're doing.

Background for development of the “Students as Added Value in Outpatient Offices” document:

Community preceptor retention and recruitment is of growing concern across the country. Facing increased pressures for productivity, many preceptors no longer have the time to volunteer to teach medical students in their practices, decreasing the supply of available community preceptor sites. At the same time, an expanding number of medical schools, physician assistant schools, and other health professional training programs have increased the demand for community preceptor sites. Medical schools and clerkship directors have largely relied on three strategies to recruit and retain preceptors: 1) emphasize the intrinsic value of teaching and their responsibilities as physicians to educate the next generation, 2) provide non-financial incentives such as electronic access to clinical resources or faculty development resources, and 3) pay the preceptor or the practice.

A fourth and less well-developed strategy is to find creative and novel ways to allow students to add value to the process of caring for patients in outpatient offices, making it more desirable for preceptors to teach students in their offices. This strategy can offset some of the time investment required to teach. But this strategy also has an important educational benefit; it can help students learn in a more active and engaged way. This strategy is not intended to replace any of the other strategies. In particular, it is not intended to replace efforts to provide financial compensation for preceptors.

These functions are all intended to allow students to make useful contributions clinically, and at the same time enhance the education of students. This is not a comprehensive list of educational techniques to prepare students for future practice; the focus is on strategies that directly add value to the practice

Some strategies apply to students at all levels of training. Some strategies apply only to students at a certain level of training. Because the overlap is great, the strategies are not sorted by level of learners. Individual schools may wish to organize the document differently. It is not expected that all suggestions will be used. The document is purposefully broad to give educators and practices ideas to consider.

Effort led by STFM Medical Student Education Committee.

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