

# Minimizing Productivity Loss When Precepting

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# The “P” Word

“I don’t Have Time For Students”



“I don’t like cold dinners and late nights”

“I’m too busy”

# *Frederick Winslow Taylor*

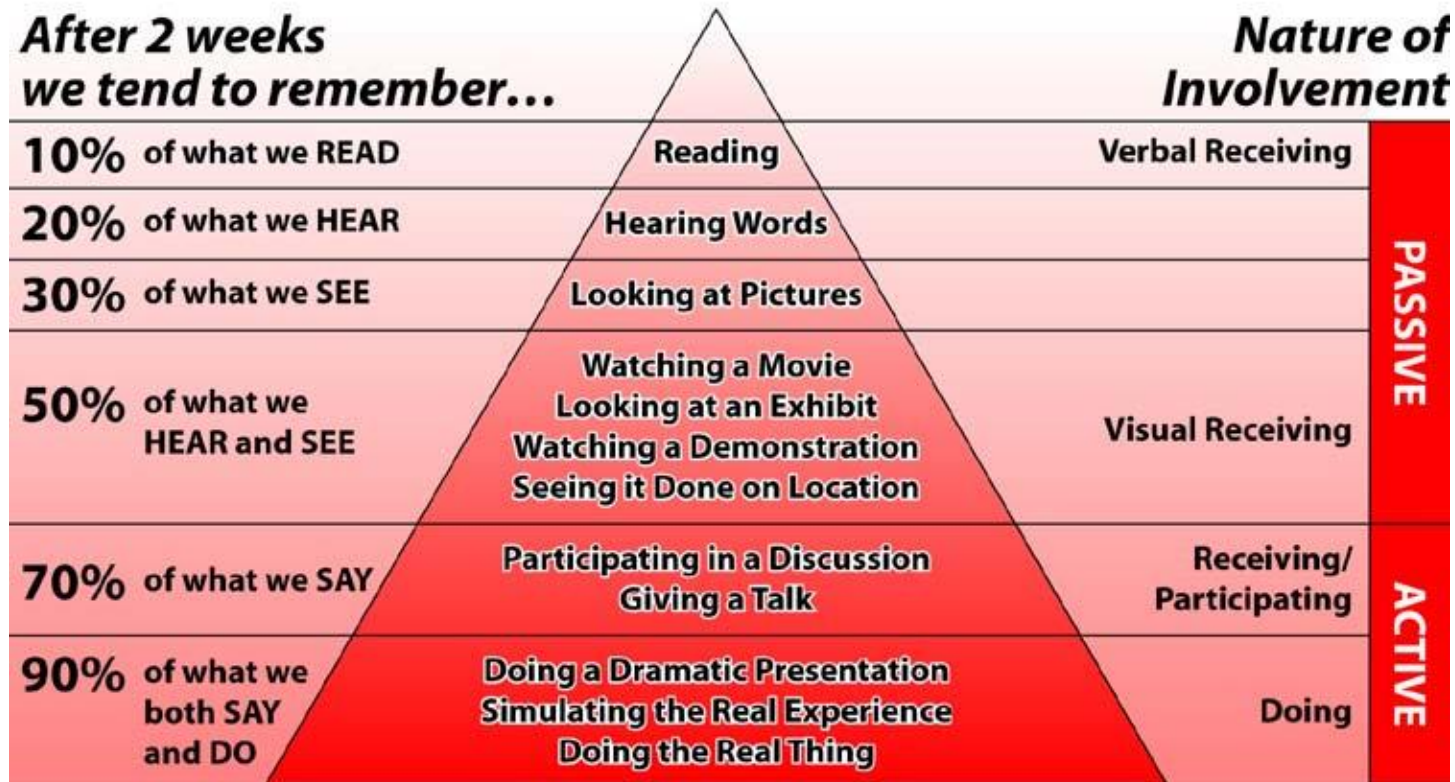


# Questions to address

- What are components of a learning environment culture?
- What types of adjustments should be considered in productivity expectations?
- What types of qualifications are required to teach students?
- What are the most common causes of running behind with students?
- Describe avenues of effective communication?

# Culture of Learning

## Cone of Learning (Edgar Dale)



Edgar Dale, *Audio-Visual Methods in Technology*, Holt, Rinehart and Winston.

# Culture of Learning

1. **Recognize** and Reward Preceptors
2. Provide Resources:
  - productivity benchmark adjustment
  - support staff for scheduling/planning
  - student desk location
  - student orientation
3. Students are **value added team members** and supported by departmental mission.
4. Culture of retraining progressing competency to mastery
5. **Emphasis on quality** performance vs quantity for patient care.

# Identifying Preceptors

## Perceptions:

1. “Students require too much time”
2. “I’m less productive”
3. “I’m not knowledgeable enough”
4. “My patients don’t like to be treated by students”

## Preceptors:

1. “ I want to give back to my profession”
2. “I want to learn new concepts”
3. “ I’m interested in developing professional connectedness”
4. Achieving clinical performance success

# Panel / Audience Comments





# Strategies Prior to Student Arrival....

1. Clearly defined productivity standards for operational success.
2. Schedule planning pathway
3. Verbal conversation of clinical description of practice setting, expectations, student objectives and level, specifics of how the student learns best and typical teaching style of the preceptor.
4. Physical space for student to work.
5. Establish secondary instructor connections.
6. Develop strategic planning with faculty for objectives

# Key Points

Structured schedule:

1. double patients early, open time late
2. wave scheduling

Focus on one aspect of patient encounter rather than comprehensive on every patient.

ie: H&P, Objective, Special Tests, dx specific

Critical Communication

1. Communicate teaching approach

“Please observe the first two and write down questions”

“Complete the H&P and be prepared to summarize”

“ I’ll be a fly on the wall.....”

“ While I see these patients, complete .....”

2. Immediate Feedback (enforce what is well done, point out errors/ omissions)

“I like your approach to....”

“Next time consider....”

“How would you assess your performance”

# Time Management!

- Schedule & Plan in advance
- Start on time!
- Summarize and Clarify with patients – don't repeat!
- Maximize student involvement with patient education.
- Set Time based Deadlines for patient care, documentation, assessment discussion, etc.
  - “You have 10 minutes to complete H&P”
  - Expand to indep time management
    - “Documentation complete before next patient arrives”
- Create tag team approach to patient care
  - “I'll document while your examining”

# Time Management!

- Share teaching responsibilities:
  - Billing specialist
  - Nursing
  - Other disciplines (OT, MD, Anesthesia)
  - Office manager
- Administrative project for clinic enhancement
- Consider 1:2 model

# Panel / Audience Comments

