Tips from preceptors: Setting up clinical

One of our preceptors provided an overview of how she establishes a schedule with students. She gave us permission to use the letter. It is edited so to fit with primary care.

# Guidelines/Overview- Message to Students

Please ask any and all questions and know that I don’t have all the answers but will do my best to help you along this clinical journey.

1. Please think about and share what your goals are for the semester. I want to make this a positive learning experience for you! What’s your learning style? Are there official learning objectives given to you by your school?
2. Plan on choosing 1-3 patients per day to do a thorough chart review and present to me, anticipating any needed labs or other orders. My hope is that you’ll follow them through the term and get a sense of the continuity of care as well as the workflow of care. I can help you choose patients to get started if you prefer. If you need more resources, I’m happy to share what I’ve got, including textbooks. We can plan to start with the non-complex patients for the first month and maybe move into a couple of the more complex patients later in the term.
3. Other points: while I expect that you’ll be very familiar with a few cases every week, you should/can review as many as you feel comfortable with. You certainly don’t need to come into every visit with me every week, especially at the beginning as that won’t be super helpful. I do expect that you’ll be doing sufficient preparations to be up to date on the patient, arrive with questions if something isn’t clear to you, and eventually be able to lead a visit by the end of the semester. As you likely haven’t had this type of rotation +please let me know if things are moving too quickly or too slowly for you.

# Semester Progression

* 1-2 weeks of observation. You should be reviewing charts in the EMR before the clinical day begins to become familiar with patient’s history. You should be reviewing routine management. You should write a few SOAP notes for me to review.
* 1-2 weeks of choosing 2-3 patients per session to lead the visit with me in the room (primarily interviewing patient for chief complaint (cc) and history, and then repeating the physical exam after me). You should be documenting in the HPI/CC, ROS, and Physical exam forms.
* By midterm, you should be choosing 2-3 patients per day to lead the visit independently (without me hovering!), which again is primarily cc/history. Then you find me, give me report, and we will do the physical exam together. Document in the HPI/CC, ROS, and Physical exam, and eventually Assessment/Plan forms.
* As the semester progresses, you should be increasing the number of patients you’re seeing independently, gradually becoming more independent in physical exams, and taking over more of the management plan and education. Continue to document as above, plus writing prescriptions and entering orders for me to review/finalize.
* By the end of the semester, you should be proficient in the patient interview, the physical exam, answering routine questions, and developing a routine management plan. I always need to be in the room for physical exams and must sign off on prescriptions, but I expect much of it should be led by you.

Please ask any and all questions and know that I don’t have all the answers but will do my best to help you along this clinical journey.