

Planning a Positive RUOP Experience

The following are “tips for success” gathered over time from our RUOP preceptors. We hope that these tips are useful. We welcome any suggestions you may have.

BEFORE STUDENTS ARRIVE

- Students are encouraged to telephone preceptors prior to arriving in their RUOP community.
- This brief telephone call is for: introductions, confirming arrival date & departure date, housing.
- **Please advise students if they need to complete “credentialing forms” at your institution or hospital as soon as possible.**

THE FIRST MEETING WITH THE STUDENT

Getting to know the student is critical to a successful experience. Try and set some time aside before clinical rotation begins in earnest to find out information about your student’s background. Students will bring with them a learning plan. This document will be shared with you when they arrive on site.

ORIENTATION TO YOUR CLINICAL SITE

Orient the student to your practice early on. It will help the student feel a part of the program more quickly and save everyone time. Here are some topics previous preceptors have found useful to include in their clinic orientation:

Practice and Hospital

Introduce students to the staff and the facility

- Perhaps post a student snapshot on a bulletin board?
- Make sure the receptionist knows who the student is in case of phone calls
- Establish where the student can "hang out" when he or she is not seeing patients
- Parking issues?

Insure any policies and processes governing student involvement are understood and followed.

- Secure proper nametags
- Meet with hospital Staff Office, if applicable
- Discuss phone and computer access

Office procedures

- Discuss time commitments, night call, etc.
 - Many students wish to experience night call
 - Please remember that students are also expected to complete time in the community
- Provide a description of office routines and methods,
- Clarify dress expectations
- Discuss records, charts, dictation
- Individual practitioners' special interests and skills

Other Opportunities

Possible experiences outside your practice.

- ER, deliveries, rounds or shadowing with a specialist
- Medical staff meetings
- Nursing home rounds
- Home visits
- Practice or professional meetings

Settling In

Orientation to the community

- Important community members to know
- Places to eat Shop
- Recreation spots
- Living arrangements
- An invitation to your home for dinner/discussion

Reviewing Your Student's Learning Plan.

Clarifying expectations for the RUOP experience is key! You and the student will work best together when you know what is expected of each other. Ask your student for his/her Learning Plan and discuss it together.

STUDENT INVOLVEMENT

Students are expected to plan their own learning goals and review them with you.

- Students who are hesitant to express expectations and goals are most likely to be disappointed.
- Encourage specific goals to maximize clarity between you and the student
- Students have different learning styles; talk about what works best for your student
- Remember, the overall RUOP goals include both clinical and community experiences

DETERMINING LEVEL OF STUDENT RESPONSIBILITY AND AUTONOMY

RUOP students are very early in their clinical education. As first year students they should be under direct supervision of their preceptor. *You must be physically present to verify the students' findings or you must repeat the key history and exam. You must be present for all procedures.*

- Early discussions about supervision and levels of student responsibility are important. Refer to the Learning Plan for skills students have learned in (Introduction to Clinical Medicine). Encourage them to refine these skills.
 - **Beginning history**
 - **Beginning physical**
- Find out what skills students may have from other life-experiences
- **Where to start and how fast to progress has to be determined by the preceptor based on both the student's competence and the preceptor's confidence in it.**
- Some students need reassurance that too much will not be expected of them too soon.

PROVIDE FEEDBACK ROUTINELY

Students value receiving specific, quality feedback in the clinical setting.

- Couch the feedback in a positive regard and appropriate setting
- Be specific and timely (i.e. "you palpated the abdomen well, however, you forgot to observe and listen first. Remember, always observe, listen, then palpate last.")
- Take every chance to comment on good work, and be specific

What Students Say...

"I really wished I had reviewed my Learning Plan with my preceptor earlier so he knew what kind of experience I was hoping for."



"I thought I would be able to do more hands on clinical experiences. I thought that I would get to spend more time alone with patients performing histories and physicals and then presenting them to my preceptor."



"She challenged me without being harsh, and I grew a lot."



"I wish he gave more constructive, specific feedback (I got 'you are very smart' to 'you have done a very bad job')."

- Reinforce new skills

Strategies for Clinical Teaching

With a little bit of planning, it is possible to integrate an enthusiastic student into your practice in an efficient manner.

- **Make a daily plan** with your student
 - Negotiate mini-goals for the day or half day
 - Pick a specific skills to practice or observe (i.e. conduct patient interviews, listen to heart sounds; learn an abdominal exam, etc).
- **Begin with skills the student has already learned**
 - Focus on interviewing, the medical history, and the steps in the physical examination
 - After observing you as preceptor a few times, your student might conduct a medical history under your observation or alone and then make a presentation to you.
 - The entire examination does not necessarily need to be done on any single patient but portions can be performed on a given patient.
- **Review your schedule**
 - Identify specific patients that may be best for student learning
 - Limit the number of patients the student sees in a day.
- **Let students do some patient teaching**
 - Once you've assessed your student's knowledge level, let him/her do some patient teaching
 - Have them go over pre-printed educational handouts; educational for both student and patient
- **Students love the technical aspects of care**
 - Let them assist in simple office procedures (toenail removals, wart removals; draining
- **When everyone is comfortable, teach with the patient present**
 - Listen to student presentation in front of the patient
 - Encourage the patient to give feedback, too.
- **Non-direct patient care tips**
 - Have the student practice writing a SOAP note
 - Let them look up a disease process that will likely present or has presented in the clinic
 - Let them learn how to fill out lab slips
- **Set up time with willing colleagues** who might have different practice styles than you or different specialties: (OR, ER, OB)

What Students Say.....

"I was able to practice some basic exam skills that I learned in ICM I. I learned how to do a sports physical exam....."

✎

"I learned some skills for listening and more effective communication with both patients and colleagues."

✎

"Highlights were talking with patients and getting to do more exams; working with interpreters; attending births; learning about community medicine; seeing my preceptor live a pretty balanced life."

✎

"I personally would always welcome as much information as the doctor has time to share about the condition, symptoms, diagnosis, treatment, etc."

Enlisting your Patients as Partners in Teaching

Patient consent to working with students is usually not a problem for preceptor, student, or patient.

- Most patients appreciate the extra time and attention a student is able to give them.
- Students will bring a notice you may wish to post in the reception room. It states that you will be working with a medical student the coming months.
- Receptionists can also help notify patients when they schedule appointments that a student will be working with you.
- Nurses and/or Medical Assistants can inform patients and obtain their consent when they room the patient.
- It's important to introduce the student as "medical student", "student doctor" or "doctor-in-training"; calling the student "doctor" can lead to unclear expectations and confusion.
- Emphasize that the student is a regular part of the practice for a specified time period but that the patient's own doctor will always be in charge of the patient's care.

Special Considerations

We know from the students' evaluations that there are times when gender and race issues in patient encounters, with clinic staff, or in the community can be difficult for them. The time taken to introduce your student to patients, staff and community may often set a tone of support and acceptance that will facilitate the interactions the student has throughout his/her stay. Please let students know you are receptive to discussing any problems they encounter.

The University of Washington, the School of Medicine and the Department of Family Medicine are committed to providing a quality experience for all students regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations.

Please see Appendix VI for further information.