



## **TEXAS FAMILY MEDICINE PRECEPTORSHIP PROGRAM**

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### **Teaching skills for the Preceptor**

#### **The preceptor's teaching tasks**

Family Physicians who become preceptors soon realize they're working with extremely bright learners and often cite the stimulation of interacting with their students as one of the best parts of becoming a preceptor. Medical students are very perceptive and quickly pick up cues from their professors and preceptors, emulating the knowledge, skills, and attitudes of their older colleagues. Thus preceptors, because they have more sustained contact with medical students, have more influence on students than any other medical instructors. Preceptors often discover that they can't help but teach.

Whatever behavior you exhibit in the presence of a student – whether good or poor communication skills with colleagues, or satisfaction or cynicism about practicing medicine – those attitudes will likely be perceived by the student and considered normal.

Furthermore, because students are medical neophytes, they're often unable to discriminate the many separate elements of a complex interview or procedure. If you do not identify what you are doing – or what is going on during an encounter – the student may not pick up on the nuances of the interaction. Your task as a preceptor is to ensure that what you teach your student will contribute to their personal and professional growth.

#### **Teaching strategies**

- Recognize and treat students as adults
- Promote active learning for your student
- Create a challenging but supportive learning environment
- Set daily teaching goals
- Utilize productive questioning strategies
- Capitalize on preceptor role modeling

#### **Recognizing and treating students as adults**

The relatively new field of **andragogy**, which studies the teaching of adults, has found that effective adult learners are very self-directed, want direct involvement with what they're learning, like to apply their new learning quickly, and appreciate a teacher who serves as a colleague and facilitator.



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Medical students are typically 24 to 40 years of age and want hands-on experience with patients. Students give high-ratings to preceptors who allow students to assume increasing levels of responsibility and provide opportunities to practice both technical and problem solving skills.

### **Promoting active learning by the student**

Students are attracted to preceptorship rotations for active learning opportunities. To capitalize on this desire for involvement, assign students a definite role which increases in responsibility as the rotation continues. For example, a student might initially be assigned to observe your interactions with patients, subsequently taking patient histories, performing physicals, and finally completing an interview including recommendations for treatment.

### **Creating a challenging but supportive learning environment**

Make it clear to your student that their responsibilities are real and that you have high standards for their work. Communicate that you understand that they will often feel uncertain and sometimes make mistakes. Communicating this kind of learning involves taking risks and shows students can trust you to not abuse the confidences they share with you.

### **Set daily teaching goals**

We recommend that you complete a one-on-one orientation with the student. This will provide the opportunity to set overall learning goals, which you can refine and refocus by setting goals for each day.

For example, you might say something like:

“Jane, since we decided this month you’ll work on picking up signs and symptoms for depression in patients, today I want you to interview patients with this in mind and report what you’ve found to me. After you’ve seen some patients I’ll come into the exam room and you can observe how I speak with them about their depression.”

### **Utilize productive questioning strategies**

When attending, physicians listen to case presentations during teaching rounds, they first diagnose the patient’s problem, assess the learner’s needs, and provide targeted instruction to the point of need. To adapt this to medical students and save you time, consider the following sequence of questions:



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- **Get a commitment:** Encourage open communication and engage the student in solving the patient’s problem by asking questions like “What do you think is going on with this patient?” or “What other information do you feel is needed?”
- **Probe for supporting evidence:** Find out what the student knows and where there may be gaps by asking questions. For example, “What were the findings that led you to this conclusion?” or “What else did you consider?”
- **Teach general rules:** Explain common symptoms typically associated with specific ailments or illnesses.
- **Provide positive feedback:** When the student does something correctly, tell them. Make sure your comments are specific and focused.
- **Correct mistakes:** Find an appropriate time to discuss what’s wrong and how to correct the error or problem. Again, make sure your comments are specific and focused.