

YEAR 1 & 2 FAMILY PRACTICE PRECEPTOR INFOGRAPHIC

Given our current climate, preceptors can choose to involve students in any of the 3 types of patient encounters: in-person, virtual face to face or telephone visits. Here are some tips on how to deliver instruction and supervision safely and efficiently.

IN-PERSON

When teaching students in clinical settings, please consider the following:

- To keep on time, asking student(s) to independently see one patient while you simultaneously attend to other patients.
- Choosing 2-3 key patients in a day. Students could see these independently, based on visit reason (or your knowledge of the patient).
- Observing only small parts of an encounter to provide feedback (such as a physical or history exam). This helps keep you on time.
- Allowing students to spend time with the office team - medical office assistants, allied health care providers, etc. Understanding the office flow and the team environment is a valuable learning experience.
- Providing clinical pearls or a brief key message for encounters if you don't have much time to teach around cases.

COVID-19 PROTECTION

- ✓ If physical spacing is **not** possible, all participants in the educational process must wear masks and eye protection.
- ✓ Only patients with **LOW** pre-test probability of COVID-19 should be seen by participants. Any patients with symptoms compatible with COVID-19 should **not** be seen by students.
- ✓ **Adequate PPE includes:**



SURGICAL MASKS



EYEWEAR



GLOVES

VIRTUAL FACE TO FACE

This can be done remotely, or in your office spaces on a **health-care approved** platform. When teaching virtually face to face, please consider the following:

- A daily "check-in" with the student to plan the day (or half day) - this may include allocating cases, reviewing student goals, and addressing any questions or concerns.
- Joining at the beginning of the encounter or after (like an office visit).
- Joining via video and/or audio as an observer. Please ensure the patient is aware of the preceptor being a part of the meeting.
- Selecting times to review cases and procedures and scheduling these times into your day.



Consider using 3-way video options to allow inclusion of a learner. Doctors of BC provides community physicians free accounts to a popular virtual platform. Please click [here](#).

TELEPHONE VISITS

This can be done remotely, or in your office spaces on a **health-care approved** platform. When teaching via telephone visits, please consider the following:

- Joining the phone call - ask the student to merge your number once they have the patient on the call.
- Joining at the beginning of the encounter or after (like an office visit).
- Listening to selected portions of the student's patient encounters.
- Considering clinical skills which lend themselves to teaching via telemedicine:

1. Communication Skills

Listening and communicating effectively when a patient is not in the same room as you.

3. Clinical Reasoning Skills

Acutely synthesizing story elements into a logical diagnosis and plan with only a history to go on.



2. Selectivity Skills

Deciding who needs to be seen in person and, if so, where?

4. Scholar Skills

Considering Practice Improvement Projects or QI initiatives to educate colleagues, patients and staff.

ADDITIONAL INFORMATION

Should you require more ideas, please:

- Share and discuss the role Family Medicine plays in the healthcare system as a whole.
- Run scenarios with your medical students to elicit key history and physical exam points. Useful if you have limited time and/or patients.
- Click on the following links for tools you could refer learners to:
 - British Medical Journal article on [remote consultations](#)
 - Ontario Family Physicians tips on [in-person visits](#)