

YEAR 1 & 2 FAMILY MEDICINE 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.

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:

<p>1. Communication Skills Listening and communicating effectively when a patient is not in the same room as you.</p>		<p>2. Selectivity Skills Deciding who needs to be seen in person and, if so, where?</p>
<p>3. Clinical Reasoning Skills Acutely synthesizing story elements into a logical diagnosis and plan with only a history to go on.</p>		<p>4. Scholar Skills Considering Practice Improvement Projects or QI initiatives to educate colleagues, patients and staff.</p>

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](#)