

## **Healthcare Associates Preceptor and Preceptee Expectations**

### **Preceptor**

**Goal:** The goal of precepting is to provide high quality ambulatory training for housestaff that encourages autonomy and ensures excellent patient care.

#### **Training Objectives:**

1. Offer education and mentorship to housestaff in a continuous fashion over three years
2. Foster development of history-taking and physical exam skills in outpatient practice
3. Enhance assessment and management skills in outpatient practice
4. Increase knowledge of preventive medicine
5. Increase understanding of impact of psychosocial issues on chronic medical conditions
6. Increase facility with the outpatient online medical record (OMR)
7. Improve efficiency of presentations and visits
8. Emphasize importance of appropriate clinical follow-up

#### **Supervision Objectives:**

1. Two times per year provide 30 minutes of confidential feedback and population health review to preceptees which is then documented in New Innovations
2. On these occasions, review 5 patient charts with focus on:
  - a. quality and timeliness of notes
  - b. currency of problem list
  - c. accuracy of medication sheet
  - d. documentation of follow-up for laboratory/other studies
3. Provide real-time feedback to preceptees during clinic sessions on a regular basis
4. Ensure that each housestaff has been observed doing at least 5 pelvic exams/Pap smears during the course of their ambulatory training
5. Ensure appropriate coding and billing of encounters
6. Provide a separate note/addendum and sign housestaff note within 7 days of encounter

#### **Precepting Schedule Policy**

Preceptors should be available from 1:15 pm until 5 pm or the close of clinic, whichever is later. They should not be engaged in other activities that will distract them from their teaching role or away from the practice during this time period. In general, preceptors should expect to have 3-4 housestaff assigned to them per session. When more than 3 residents are assigned, the maximum preceptor to patient ratio will not exceed 1:12. On occasion, especially during resident holiday schedules, if there are few or no residents in the practice for a given session, extra preceptors will be expected to do episodic/urgent care in lieu of their teaching session. A 3 hour session will be scheduled, and faculty will receive RVU credits for these patients.

#### **Preceptor Absence Policy**

All precepting change requests should be entered in to Qgenda no less than 60 days in advance. Precepting changes submitted less than 60 days in advance will be reviewed by the residency practice director and may not be approved. Precepting schedules will be confirmed

on a monthly basis through e-mail by the HCA Education Office. The HCA Education Office will only arrange coverage for one-half or a full session. Preceptors who do not convey their anticipated absence during a scheduled precepting session within the allocated time period will be responsible for identifying their own coverage. All preceptors are responsible for reviewing the monthly precepting schedule to verify that all of their sessions are correctly listed on the calendar. For inpatient teaching attendings (except SIRS), the expectation is that your coattending will cover for you if attending rounds conflict with a precepting session. For inpatient teaching attendings who cover two weekly precepting sessions, one of those sessions each week will be forgiven.

### **Precepting Encounter and Documentation Policy**

Preceptors are expected to discuss and see all housestaff patients. In instances where the precepting ratio exceeds 1:12 preceptors will have the discretion to defer seeing a limited number of patients in order to maintain clinic flow. Preceptors must sign the professional bill for all resident patient encounters. Residents should forward all patient progress notes to their preceptors for review and cosignature. Preceptors are expected to provide written documentation (either a separate note or addendum to resident note) for each patient seen. Sample text for such notes is available in OMR as a macro insert. The preceptor note should refer to the resident note and state agreement with it or note any changes in plan. Preceptors are responsible for reviewing laboratory studies and other diagnostic tests ordered by their preceptees and for ensuring that the resident arranges appropriate follow-up of any significant abnormal result. Preceptors are expected to be available for patient-related questions by e-mail or page in between clinic sessions

### **Annual Precepting Expectations**

Faculty who receive salary support for regular precepting are expected to do 44 sessions annually plus 3 sessions as part of their “citizenship” responsibility for a total of 47. Faculty who have an agreement with the Division for different expectations will be identified at the beginning of each academic year. HCA faculty who do not receive salary support for regular precepting are expected to precept 3 sessions annually as part of their “citizenship” responsibility. The precepting year coincides with the academic year (July 1<sup>st</sup> thru June 30<sup>th</sup> of the following year), and faculty will be informed of their session tallies by the HCA Education Office on a quarterly basis. Sessions per year in excess of the faculty member’s annual expectation will be paid out at the end of the calendar year at a rate of \$550 per 4 hour session. Perceptors in arrears will be billed \$550 per missed session, the amount to be deducted from any clinical or other incentive. All preceptors will be expected to be available to precept some years on Friday afternoons. A record of Friday precepting is maintained by the HCA Education office.

## **Preceptee**

**Goal:** To develop comprehensive, compassionate, and efficient ambulatory medicine skills.

### **Objectives:**

1. Learn effective history-taking and physical exam skills in the outpatient setting
2. Prepare problem-based assessments and plans for each patient
3. Discuss all cases with a preceptor (issues that arise later for a given case should be preferentially discussed with faculty member who precepted that encounter)
4. Identify and communicate educational needs for each case to your preceptor
5. Develop the ability to present cases in a clear and concise manner
6. Learn preventive health strategies for patients based upon their age, sex, and clinical circumstances
7. Develop the ability to code and bill outpatient encounters
8. Write and sign medical notes in a timely manner
  - a. In general, notes should be dictated or typed on the same day as the encounter
  - b. Notes should be signed within 3 days of the patient visit
  - c. Notes should be forwarded to the encounter preceptor for cosignature
9. Update the OMR at every visit and in between visits when there are changes in clinical status
  - a. Problem list
  - b. Medication sheet
  - c. Allergies
  - d. Screening sheet
  - e. Disease monitoring sheets
10. Develop a reliable approach for following-up on laboratory, radiology, and other study results (see below)

### **Laboratory, Radiology, and ECG Review Policy**

Residents must enter the name of the preceptor for the encounter in OMR order entry. They are expected to inform patients of laboratory, radiology, and other test results in a timely manner and document this information in OMR. Timely manner means:

- Immediately for critical results by phone
- Within 1 week for noncritical results requiring intervention, by phone
- Within 2 weeks for results that do not require intervention, by phone or letter

**Opioid and Benzodiazepine Prescriptions Policy**

All patients in HCA who receive chronic opioid or benzodiazepine therapy must have an active narcotic agreement in the OMR (macro available). Residents should review this agreement with patients and with their preceptor at least every 12 months, and patients on controlled medications should be seen at least every 3 months, ideally alternating visits with an NP.