Precepting Family Medicine Residents

Goal 1: Deliver safe and appropriate patient care

Goal 2: Residents are empowered in their learning to provide that care

NB: This document serves as an outline and aspiration for precepting. It is not intended to be an all-encompassing document, nor will we be able to do everything during every session.

Accurate as of 9/11/2024. Please notify Dr. Morissette if changes are needed.

Beginning of the Precepting Session

- **Develop rapport between the preceptor and the resident**
    - Be present--make a connection with the resident
    - Unify the aim
        - Set a goal for the clinic session. Consider having them write it on the board.
    - Pre-precepting/Agenda setting
        - All G1s for first 6 months, all others as needed
    - Assist with Med student management
        - Write med student name on the board with the resident
        - Teaching the teaching
        - How to supervise
- **EPIC Management, Chart Review, Cleanup**
    - Resident teaching as needed on:
        - How to review chart/pre-charting
        - Update meds
        - Update problem list
        - BPAs/Closing care gaps
- **Assist resident in planning for the session**
    - Encourage huddles with MA, student, etc.
    - Review schedule for possible procedures that will require faculty attendance
- **Establish precepting expectations**
    - All procedures must be directly supervised by staff
    - All G1s must precept before discharging their patient
    - During first 6 months all G1 patients must be seen by staff
    - All visits that will require a 99214 or higher E&M code need to be seen by staff
    - Staff may see any patient they feel needs a faculty evaluation

Precepting Encounter

- **Listen to the resident presentation. (**Consider using the One Minute Preceptor Model)
    - If there is a student, resident and student precept together
    - Help resident with organization of presentation
        - Ensure Appropriate History and Appropriate Exam
    - Recognize Physician priorities vs patient priorities
    - Assist in Managing others in the room (interpreter, family, etc.)
    - Consider Cultural context, health equity context, financial needs

    - Help resident emotionally process what happened in the room if needed
    - Team based care
        - Utilization of RN, MA, SW, CHW, RNCC etc.
- **Assess Clinical Reasoning**
    - Presented plan: make sure the why behind it makes sense and is appropriate
    - Develop differentials, help prioritize
    - Help prioritize plan
    - Immediate plan vs future plans (encourage resident to document next steps)
    - Teach-back from resident
- **Behaviors Throughout the Precepting Interaction – bidirectional**
    - Teaching throughout
    - Compassionate/non-violent communication
    - Discern need for more active involvement
    - Encourage self-reflection
- **Direct Care specifics**
    - Have a low threshold for going to see the patient
    - Have a low threshold for suspecting higher acuity than described
    - Assist the resident and RN in appropriately triaging patients
- **Reproductive Health**
    - HIV PrEP
    - MAB Resources
    - Between Us
- **OB Specifics (see further resources at the end of the document)**
    - At every visit
        - Review dating (can hover over EDD in Storyboard)
        - Review problem list (is it up to date?)
        - Review OB High Risk Grid and Recommendations (if applicable)
    - 10-16 weeks
        - Confirm RN intake and OB CPE completed
        - Confirm initial lab review
        - Confirm dating ultrasound completed
        - Is aspirin indicated?
    - 18-22 weeks
        - Confirm anatomy scan ordered/completed
    - 26-28 weeks
        - Confirm GCT and 3rd trimester labs completed
        - Confirm Tdap (preferably given at 28 weeks)
        - Contraception discussion/tubal ligation consent
        - Rhogam if indicated
    - 36-37 weeks
        - Confirm GBS
        - Birth Plan completed
        - Presentation check (Leopold's or POCUS)
    - 39+ weeks
        - Delivery planning

- **Close the precepting "encounter"**
    - Preceptor documentation
        - Enter an LOS in real time (day of service) or else the note won't get routed to you
        - Preceptor note (.FGC, .FGE, or .FMPREC)
            - If you do not have these, go to Smart Phrase Manager and search for them, then add yourself as a user.
        - Billing
            - 99213 the highest level you can bill if did not see patient (GE)
            - 99214 must be seen by staff MD (GC)
            - All prenatal visits use the "prenatal" dummy code
            - If a procedure is done, order the appropriate procedure (starts with PF), include 25 modifier if E&M code also used

End of Clinic Session/Post-Session

- **Evaluation/Assessment**
    - Document in Tupakula Tool (at least 2 times per clinic session)
    - Identify at least one positive during the clinic session.
    - Solicit self-evaluation from resident and provide feedback in person
        - How did they do with the goal they set for the session?
        - What is something they are curious about after the clinic session?
        - What is something from the session that was meaningful for them?
- **Close Encounters**
    - Notes to be completed in 3 days. Pre-op physicals should be prioritized.
    - Review the encounter
        - Resident's note appropriate and complete
        - Faculty note present
        - Review results as needed
        - Any procedures are documented appropriately
    - Sign the encounter
    - Faculty who do not routinely work within the Hennepin system must have remote access to close encounters in the same amount of time.
- **Workflow for review of labs-further work needed**
- **Protocol for notes that are incomplete after 3 days-further work needed**

Other Clinic Session Tasks

- **Keep the session flowing**
    - Know who is behind and who may have space to help
    - Residents should check in with preceptors before leaving the clinic session.
- **Nursing needs:**
    - INR-review and adjust dose as appropriate
    - OB Intake concerns
    - NST-review and document
        - Preceptors who do not provide inpatient care will have training through Cortex.

    - Forms-sign as needed
    - Triage
        - Assist in deciding who is appropriate for clinic or needs to go to the ED
        - Review critical labs, document needed follow-up
- **Diabetic Educator needs:**
    - Orders
    - Refills
    - If a new medication is requested and you do not feel it is appropriate to prescribe without seeing the patient, ask for the patient to be scheduled for a clinician visit.
- **Assist NP/PAs from other clinics who may call**
- **Respond to Medical Alerts (EM provider noted on daily)**

FAQs

- **How to admit a patient (RN binder has lots of info)**
    - Call/Telmediq the FMS attending (listed on AMION). They will be able to tell you if it is better for a patient to go to ED or be directly admitted.
    - For all patients (non-OB) going to the hospital (ED or direct admit):
        - Call Patient Placement x3-7755 (RN can sometimes help)
        - Tell them whether it is a direct admit or patient going to ED.
        - Will need to know if patient needs a general medical bed, telemetry unit, or intermediate care.
        - Determine mode of transport: ambulance or POV
            - If ambulance, RN can call non-emergency line to arrange ambulance transportation.
    - For OB patients:
        - Call the Birth Center x3-4104 and speak to charge nurse
        - Telmediq the Family Medicine L&D/Postpartum group
- **Getting a resident to a primary delivery:**
    - The FMS faculty determines when the resident is needed in L&D and will arrange with the resident coordinator for the resident to attend the delivery
    - If the resident is scheduled at Whittier clinic, the coordinator will also inform the Whittier preceptors and clinic charge nurse when the resident is approved to leave for HCMC. The remaining scheduled patients in clinic will be seen by other providers in clinic. Patients who have not yet arrived may be rescheduled as identified by the team nurse/session leader. Residents will return to clinic in a timely fashion after delivery to resume patient care.

Resources

Whittier Hub

Teaching Competencies for Community Preceptors

Anti-Racist and Non-Violent Communication Resources

One-Minute-Preceptor.pdf (paeaonline.org)

OB resources:

- Prenatal Care on Whittier Hub
- OB Collaborative Agreement

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