



Advanced (Fourth Year) Medical Student Preceptor FAQs in the Ambulatory Setting

1. What prior clinical experience does a student on their advanced clinical clerkships have?

Prior to participating on 4th year ambulatory rotations, all students will have completed 7-week rotations in the following clinical areas:

Family Medicine
Medicine
Pediatrics

Psychiatry and Neurology
Surgery
Women's Health

Depending on the time of year the student is rotating with you, they may also have completed sub-internships in ambulatory, inpatient or ICU settings, as well as emergency medicine. Students are required to take an additional 16 weeks of electives, which may be clinical or non-clinical in nature. They will have taken and passed Step 1, and may have already taken Step 2.

2. Typical skills focused on during the ambulatory rotations in the 4th year

Students have gained competency in interviewing, physical examination, documentation and developing a differential diagnosis in their third year. As fourth year students, areas of increased focus to develop would include patient goal setting, developing management plans and educating patients on preventive health topics. Students are also learning about healthcare system science and strategies to ensure patient safety.

3. How long will a student be assigned to work with me as their ambulatory preceptor?

Students may take 2- or 4-week ambulatory clerkships

4. Who in my office can precept/staff the medical student?

Physician (MD/DO) preceptors should be designated for each student, but partners as well as advanced practice providers can assist in staffing medical students if their preceptor is on vacations.

5. How many patients should a student see each day?

Students on their advanced clinical rotations are expected to see 6-8 patients per day, and may be able to increase that number depending on the complexity of the patients assigned as well as their skill level as the academic year progresses.

There is no specific set of required visit types or diagnoses that they are expected to see over the course of their clinical assignment. Preceptors and students should discuss individual learning goals to assist in patient selection.

6. How does scheduling work when I have a student?

It will be beneficial for your student to directly observe and be directly observed the first day or two in order to learn about your office procedures and workflows and for you to understand the level of competence your student possesses. Once you have developed a level of trust with your students, they should be encouraged to independently see a subset of your patients, present their findings to you, and return to the patient room with you as you verify the history, repeat the physical exam



and complete the medical decision making. While fourth year students may not independently care for patients, they should fully understand the limits of their medical knowledge and seek your assistance to ensure safe, effective patient care. One method for scheduling when you have a learner with you is “Wave Scheduling.” One example of this can be seen at <https://med.ucf.edu/media/2017/04/wave-scheduling.pdf>

Students should be clinically engaged for a minimum of 8 half days per week. They may participate in evening and weekend clinics.

7. How is student documentation utilized in the ambulatory setting?

Both EPIC and Cerner have the capacity for students to initiate a billable note, as well as a medical student note type that requires an attestation but is not considered part of the official medical record and may not be used as a basis for billing. A CMS ruling that took effect in March, 2018 allows notes that were started by medical students to be taken over by the attending or resident, edited to reflect the work done by the attending or resident, and utilized for billing purposes. It is up to each preceptor, in consultation with the clerkship director, to determine which note type students should be using, but 4th year students should all be capable of starting an accurate note that can be edited by their attending.

This change allows student work to be the basis for your patient encounter note and reduces the duplication that was formerly required from CMS.

8. Do I have to be a faculty member to precept students?

Yes, you must apply for clinical faculty status in order to be the designated preceptor for your office. If you are on vacation, any of your partners or advanced practice providers may cover for you. Please know that your advanced practice providers may also apply for faculty status.

9. Assessing students

Students rotating with you are to receive regular verbal feedback on how they are developing. Each student will also need to have a formal assessment submitted at the end of the rotation. Assessments are completed on-line using the New Innovations web-based platform.

There are multiple techniques for staffing/teaching involving patient encounters.

Two common techniques are The One Minute Preceptor and SNAPPS

The One Minute Preceptor (PDF) <http://www.im.org/p/cm/ld/fid=712>,

(Video) <https://www.youtube.com/watch?v=eRBdfXRj5N0>,

SNAPPS <https://paeaonline.org/wp-content/uploads/2017/02/SNAPPS.pdf>.

10. How do I apply to become a faculty member?

For more information regarding the benefits and responsibility of faculty, please proceed to the faculty affairs section of the WMED website.

<http://med.wmich.edu/sites/default/files/Clinical%20Faculty%20as%20of%20December%2013%202016.pdf>

You may apply for faculty status on-line through the WMED website. <http://med.wmich.edu/node/316>