APP Preceptor's Handbook

2024

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I.   Working in an academic health system

For many years the academic and clinical training of physicians has been intertwined with the medical care provided at academic medical centers (AMCs). Dartmouth Hitchcock Medical Center in Lebanon and many other DH facilities across Vermont and New Hampshire are the training ground for Geisel School of Medicine students as well as physician residents through the Graduate Medical Education (GME) program. DH is also the training ground for many learners of many professions.

Geisel School of Medicine, formerly Dartmouth Medical School, was founded in 1797. It is the fourth oldest medical school in the country and is the site of several remarkable advancements including:

- The first clinical X-ray in America
- The first multispecialty intensive care unit
- The first use of the stethoscope in medical education--introduced by the Geisel School poet-physician faculty member, Oliver Wendell Holmes

For more about the proud history of the school, see About the Geisel School of Medicine - Geisel School of Medicine (dartmouth.edu)

Dartmouth Hitchcock Medical Center is New Hampshire's only academic medical center and Level 1 Adult and Level II Pediatric Trauma Center. Mary Hitchcock Memorial Hospital, located within Dartmouth Hitchcock Medical Center, is the sponsoring institution for our 51 residency and fellowship programs. Residents & Fellows | DHMC and Clinics (dartmouth-hitchcock.org)

Advanced Practice Providers (APPs) who are employed at DHMC Lebanon, as well as some other DH locations, have a faculty appointment at Geisel School of Medicine. The extent to which APPs engage with medical students and physician residents varies among clinical settings, but the teaching role for Geisel and DHMC's graduate medical education is a priority for APPs who have faculty standing.

It is beneficial for APPs to understand the training and educational progression of the physicians we work alongside.

The sequence of physician education and training:

- Undergraduate degree with pre-medical requisites (4 years)
- Medical school: generally 2 years didactic, 2 years clinical (4 years)
  - At the end of medical school, graduates are awarded a medical doctorate (MD) or doctorate of osteopathy (DO). They are not licensed to practice independently, they must complete residency.
- Residency (typically 3-6 years but depends on specialty)
  - The first year of residency is called internship and involves a higher degree of supervision.
  - Pediatric and internal medicine residencies take 3 years
  - Anesthesiology, obstetrics and gynecology take 4 years
  - General surgery takes 5 years
  - Neurosurgery can take up to 7 years
  - In the last year of residency typically one individual is chosen to be Chief Resident and is given organizational and leadership responsibilities
- Fellowship (1-2 years depending on specialty) This is optional and often will lead to sub specialization. A few examples include:
  - Ophthalmology fellowship is 1-2 years and then pediatric ophthalmology fellowship is 1 year
  - Pediatric surgery fellowship is 2 years
  - Oncology fellowship is 18 months and would typically be done in addition to an organ specialty fellowship such as pulmonology, pediatrics, gynecology
- Attending physician, who assumes full care of patients and oversees the education of students, residents, and other team members.

I.   Precepting APP students:

Teaching and precepting APP students is also an important role, which benefits the institution as we create a bridge from the APP student experience to the employee application process. The better our training of APP students becomes, the more successful their onboarding as novice practitioners will be.

Well trained student   Happy, capable DH employee

Preferred academic partners:

We have affiliation agreements with many schools across the country, and we are developing preferred academic partnerships with some of the APP training programs in Vermont and New Hampshire, including:

- **PA programs:**
  - Franklin Pierce University
  - Massachusetts College of Pharmacy and Health Sciences
- **Family NP (FNP) and Adult, Geriatric, Acute Care (AGAC) NP programs:**
  - University of New Hampshire
  - Norwich University
  - Rivier University
- **CRNA programs:**
  - Northeastern University
  - Fairfield University
  - Boston College
  - University of New England
- **Psych NP programs:**
  - University of New Hampshire
  - Rivier University
  - many others
- **CNM programs:**
  - Frontier University
  - Yale University

Stipends for precepting:

APPs who have faculty status at Geisel School of Medicine may not receive pay/stipends/honoraria for precepting APP students. If a school pays stipends, the payments will go to DHMC and will be divided between the preceptor's department and the Office of APP to provide support for APP programs.

APPs who work at non-Lebanon sites and do not have faculty standing may receive stipends from schools for precepting.

Expectations of faculty when precepting:

Title IX trainings and other online trainings that you complete as part of your job at DH and Geisel School of Medicine also pertain to your faculty role when you teach APP students. While you do not personally have a contract with schools that you precept for, DH does and the expectations of faculty behavior while precepting APP students is the same as when you teach or interact with medical students or residents.

II.   Sequence of events before students arrive:
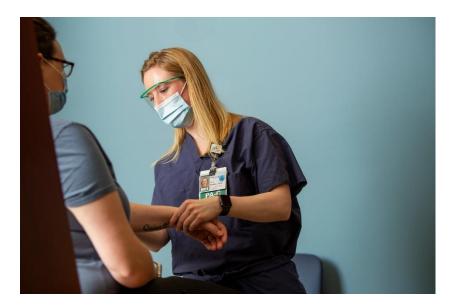

3-6 months prior to rotation:

1. All requests for preceptors are submitted via the CCP database or via email to Pegs Lucarelli at Rotationrequests@hitchcock.org
2. Affiliation agreements must exist with schools
3. Pegs reaches out to potential preceptors to see if we can meet the student's needs.
4. If preceptors agree to take the student, Pegs confirms start and end date with the school.
5. Pegs initiates a lengthy process through which the student becomes a person of interest (POI) at DH. This includes a criminal background check, vaccination record and proof of TB test, and other items, and then the student can be enrolled in eDH training (~8 hours).

Weeks prior to rotation:
6. Hub preceptor and student email to set schedule of rotation. Hub coordinates with Spoke preceptors to design the flow of the rotation.
7. Student obtains DH ID and has completed eDH training, and has received parking information prior to or on the first day of clinical rotation.

First day of rotation:
8. Arrival *with ID badge* is essential on first day of rotation and, together with eDH student access, is indicative that the above process has been completed.
9. Students who are also employees at DH must use a separate *student* eDH sign on status and a *student* ID badge.

Welcoming your student:

We encourage you to:

- Tell your secretary and rooming staff the days that you will host a student
- Mark your calendar when you expect your student
- Give your cell phone to your student *prior* to starting work together so that they can reach you on the first day if needed.
- Tell your student how to find you on the first day
- When they arrive, show them where to keep their belongings, and where the refrigerator, water, coffee and bathrooms are.
- Keep boundaries that allow you time and space. You can be directive about lunching separately, take a break. This has to be sustainable and enjoyable for you. Consider what helps you thrive.
    - Upon arrival, invite your student to log onto EDH. Introduce them to 5-9060 EDH and 5-2222 Help Desk. Students will use their own computers and will have the ability to work from home in the evenings.

III.   <u>Best teaching methods when precepting APP students:</u>

Consistent expectations across our system will enable us to optimally support APP students, regardless of what school they attend, their experience in health care, and whether they attend an online program. It is crucial for preceptors to understand the training program of the APP they are precepting so that realistic expectations can be made about the student's development at any point in their training.

For example, PAs begin their clinical training in January and finish in December. They go through nine 5 week rotations through the following areas (not necessarily in this order):

- Internal medicine/hospital medicine
- Family medicine
- Primary care/urgent care
- Women's health
- Pediatrics
- Surgery
- ED
- Behavioral health
- Elective

Because this is so predictable, a preceptor can realistically expect that a PA student in January will need initial training writing SOAP notes, navigating EDH, and presenting a patient, whereas by May they will likely need less support in these areas, and by October they will be quite independent and proficient and will benefit from more challenges with continued positive and corrective feedback.

Family nurse practitioner (FNP) students typically will have three semester-long rotations including a mixture of:

- Family practice
- Pediatrics
- Women's health

Psych NPs, CRNAs, and CNMs each have a different path. In every case it is wise for preceptors to ask FNP students how many semesters of clinical rotations the student has done and calibrate the need for support and assess their development accordingly.

Nurse Practitioner programs have increasingly become mostly or entirely online. The need for capable precepting and excellent communication will be crucial to ensuring a highly skilled, well-prepared workforce for the future.

<u>Starting a rotation with a student:</u>

Preceptors can begin work with students in this sequence:

- Allow them to shadow for 1-4 patients depending on their stage of development. Even shadowing can be progressively active. Try directing your student to focus on one aspect of the exam per clinic session (e.g. look at all pertinent labs or patient body language, affect, and ability to provide a history).
- Have them take a history independently and present the patient to you. Teach them proper patient presentation format including: (see Appendix D for a student handout to guide them)
    o Patient name, age, chief complaint, history of the problem, other relevant medical and social factors.
    o Stop them, correct them, have them start again. Find your style of giving cheerful, encouraging feedback.
    o As you establish rapport with your student, give feedback about body language, eye contact, stumbling words, sing-song voice vs confident delivery.
- Have them take a history *and* do an exam and present the patient to you
- When the above are being done proficiently, have the student offer an assessment with differential diagnoses, and create a treatment plan.
- Increase the number of patients they see per day based on demonstrated proficiency with the above. Quality is more important than quantity.
- Be directive about how the day should flow. For example:
    o On the first day you might say: "I'd like you to shadow me this morning and this afternoon if you're comfortable I'll have you do a history independently."
    o After they have demonstrated proficiency with history, exam, assessment and note writing in EDH you might say: "I'd like you to see 4 patients today and write complete SOAP notes for each of them. Tell me when each note is done so that I can review it before we close the encounter."

- For clinic rotations, it is reasonable to direct your student to prepare the evening before your next day. (e.g. tonight please preview the (9:00, 10:00 and 11:00 patients and be prepared to present each patient before we see them.)
- When the student has advanced and you feel that they are competent in the essential skills, ask for the student's input about how many patients they should see per day, how many notes should be written, and what they would like to accomplish or focus on that day/week.
- Read and critique SOAP notes before the note is closed. Be cautious about having students use templates---encourage them to do the work without the guidance of a template, and at other times learn how to efficiently use a template. See Appendix C for a student handout re: writing SOAP notes.
- Invest your time in close observation and correction *early on* to allow students to improve with your feedback, and to set a precedent of your expectations.
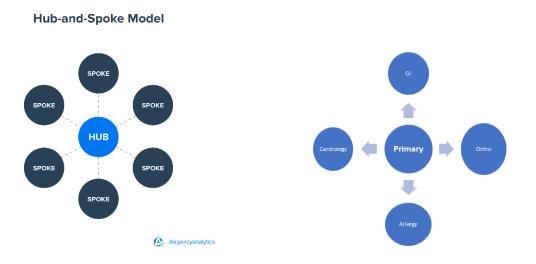- Routinely give positive feedback and corrective feedback.

Other useful tips when precepting:

- Ask your student what their goals are.
- Balance the talk with quiet—if you're exhausted at the end of the day, your student probably is too
- Give advice you wish you had gotten, talk about salary if you are comfortable doing so.
- Identify what you have to offer a student. What do you do particularly well?
- You may want to pop in to see your patients before the student enters to let them know that you have a student today. You can introduce your student and then step out.
- Be a role model in your interactions with colleagues, the way you treat co-workers, and becoming comfortable with delegation.

- Give feedback thoughtfully, and keep in mind your surroundings (a busy work room versus in a room alone) when you deliver the feedback
- Do a mid-term eval with student, set goals together. *This is particularly important if you don't feel they are on track for success.*
- Be a role model of inclusivity and sensitive care of diverse populations
- Students should arrive in professional attire.
- Take Title IX e-learning modules to heart. You have an official faculty role with your students
- This experience should be transformational for you, your role as an educator is extremely important. Lean into it.

At any point, whether you are precepting a PA or NP student, if you find that the student seems ill-equipped to meet what you think are appropriate expectations or the student is not progressing, please contact Bridget Linehan or Cheryl Elinsky and we can help communicate with the student's school if needed.

A new teaching model for APP students at DH:

To lighten the load and share the burden of precepting, and also to give students broad exposure to our institution, it is beneficial for us to have many APPs willing to precept for tolerable amounts of time. To that end, we are encouraging preceptors to use this team approach to precepting:

- **The Hub.** For each rotation there should be one individual who acts as the Hub: the primary organizer and communicator with the APP Precepting office. This person will fill out the student evaluation, coordinate other preceptors, and receive requests for preceptors from the Office of APP.
- **The Spokes.** Preceptors who offer to cover a portion of the rotation are the Spokes. This can be 3-5 days, or more. Preceptors should identify 3-5 topics (medical topics or care delivery skills) which they can routinely teach students. Preceptors in specialties should focus on skills which are primary care applicable, and de-emphasize the highly specialized knowledge.

Please take a moment now to think about your own availability in 2025 and what you might focus on when precepting students. We will ask you to submit this information into Smartsheets:
https://app.smartsheet.com/b/form/c7075a98ab214ec083d98767ba7f1b88

- Your name_____
- Your section/specialty: _____
- Topics to cover with students:
    - _____
    - _____
    - _____

- Availability:
    - Jan -May
    - June-Aug
    - Sept-Dec
    - Total days per rotation: _____
    - Hub or Spoke role: _____

Active versus passive precepting

- Limited amounts of time should be spent with a student passively shadowing.
- As soon as you have established rapport with your student and they have a sense of your practice and style, be directive about how they should switch from shadowing to history taking, or to examining the patient with you present.
- Our goal is to establish a DH standard of precepting which reflects high quality engagement by students, and routine conveyance of material in every rotation.
- The goal is to move your student forward in their trajectory to greater comfort, confidence, and skill acquisition.

Providing feedback:

- Students need meaningful, positive feedback
- When deficits or areas of growth are identified, give feedback promptly and kindly. For example, one method is to say "Good job on X, and next time I would encourage you to Y"
- Choose carefully whether you provide feedback in front of patients, in a room full of providers, etc.
  - If you feel that your student is not making progress or you feel unsure, please contact Bridget Linehan or Cheryl Elinsky and we can help you communicate with the student's school. **It is always better to speak up sooner than later when something needs to be addressed. We welcome pink flags—no need to wait until they are red!**

Responding to difficult circumstances:

- The nature of our patient care is complex and can affect us emotionally. If your student experiences difficulty in the course of patient care, we encourage you to stop and discuss what has occurred. The student may benefit from a debrief after a particularly difficult visit, after having made an error, or when the student experience is overwhelming. The Employee Assistance Program is available to students if you perceive that your student would benefit from support. Referrals to Employee Assistance Program
- If medical notes contain poor grammar or spelling, stop and correct the written record and require the student to fix the problems. If you find that this is repeatedly occurring, this signals that their school will need to provide more support. Please reach out to Bridget Linehan or Cheryl Elinsky, as communication with the school and documentation of the concern will be required.
- If a student demonstrates behavior that is unprofessional or causes you to question their readiness for this role, or the appropriateness of their presence in clinic that day, (e.g they are poorly groomed, their behavior is too casual or familiar with a patient, etc.) we encourage you to stop and discuss this explicitly and promptly. We also encourage you to reach out to Bridget Linehan or Cheryl Elinsky, as communication with the school and documentation of the concern may be needed.
- If a student violates the norms of professional ethical behavior (e.g. they smell of alcohol or marijuana, you suspect drug diversion, the student reports inaccurate quantity of hours in clinic, etc.) please immediately contact Bridget Linehan or Cheryl Elinsky, as prompt communication with the school and documentation of the concern will be required.

Billing:
- Teach your students how to and explain the support that clinicians receive from our billing department.
- Submit charges as you would normally, even when you are working with a student. Student notes are important for their learning, but billing requires your own independent note with all components completed by you, and you must complete your own exam in order to bill.

Evaluations and record keeping
- Evaluations of students (online or hard copy) should be completed by the Hub preceptor, with input from the Spoke preceptors. Excellent communication among preceptors is the key to making the evaluation a meaningful record of student strengths and areas for growth.
- Keep records of all students whom you have precepted. See the attached template (Appendix A) for an example of a hard copy record you might like to use. Every few months you can cut and paste this section into your Geisel CV. If you prefer an electronic method of tracking your precepting, see this Smartsheet: https://app.smartsheet.com/b/form/6e5db1689cbb4114ba5eaa0b6bd6b37b
- You may want to take a picture of the student so that you can refer to it in the future if you are asked to write a recommendation.
- Look up your certifying body's CME/CEU requirements (does precepting residents, NP or PA students count toward your recertification?)
- Students also evaluate us (preceptors and sites). See Appendix B for a sample student evaluation of preceptors. Schools may have their own evaluation which they keep.

Appendix A:

Record of Precepting Hours ---see photo of each student attached

(Geisel CV format)

A. UNDERGRADUATE STUDENTS (e.g., Dartmouth College Arts and Sciences students, RN students)

DATES/total hours	STUDENT'S NAME	PROGRAM NAME	DEGREE
Letter from school			

B. GRADUATE STUDENTS

DATES/total hours	STUDENT'S NAME	PROGRAM NAME	DEGREE
Letter from school			

C. MEDICAL STUDENTS

DATES/total hours	STUDENT'S NAME	PROGRAM NAME	DEGREE
Letter from school			

D. RESIDENTS/FELLOWS

DATES/total hours	STUDENT'S NAME	PROGRAM NAME	DEGREE
Letter from school			

E. FACULTY

- **DATES/total hours**   **STUDENT'S NAME**   **PROG**

Appendix B

Student evaluation of preceptor

Preceptor:_____

Student:_____

Student's school:_____

Dates of precepting:_____

Please rate the following based on how well your preceptor:

1.	Provided adequate orientation to the facility	0 1 2 3 4 5
2.	Provided adequate time shadowing before beginning independent work	0 1 2 3 4 5
3.	Demonstrated a level of expertise and comfort necessary to precept	0 1 2 3 4 5
4.	Chose appropriate patients to meet my learning needs	0 1 2 3 4 5
5.	Provided appropriate support to me during clinic	0 1 2 3 4 5
6.	Provided meaningful, useful feedback on my performance	0 1 2 3 4 5
7.	Provided constructive career advice	0 1 2 3 4 5
8.	Served as a good role model for me	0 1 2 3 4 5
9.	Had appropriate expectations for my performance	0 1 2 3 4 5
10.	Guided the refinement of my assessment and diagnostic skills	0 1 2 3 4 5
11.	Demonstrated understanding of my school/program's learning objectives	0 1 2 3 4 5
12.	Balanced my need for supervision with my need for independence	0 1 2 3 4 5
13.	Coached me regarding exam skills so that my skill set broadened	0 1 2 3 4 5
14.	Coached me regarding note writing so that my notes improved	0 1 2 3 4 5
15.	Coached me regarding personal skills so that my skill set and confidence increased	0 1 2 3 4 5

Comments:

Appendix C

How to write quality SOAP notes:

- For new patients:
    - (patient name) is (age) year old (sex) here today for initial consultation of (chief complaint or referring diagnosis)
- For follow up appointments:
    - (patient name) is (age) year old (sex) here today for follow up of (chief complaint)

- **Subjective**: what the patient tells you about the following:
    - The problem today, OLDCARTS
    - Social history
    - Family history

- **Objective**:
    - Vital signs
    - Medications
    - Exam
    - Lab work
    - Radiologic testing
    - Other (procedures, etc.)

- **Assessment:**
    - (patient name) is (age) year old (sex) seen today for (diagnosis).
    - Summary of what you think and why

- **Plan:**
    - Bullet points or enumerated plan
    - Follow up plan

- **Signature:**
    - Sign note using name, student credentials, school
      e.g Charlotte Johnson, PA student, Franklin Pierce University

Appendix D

How to present a patient

Being able to present a patient clearly and confidently is an invaluable skill that you will use for the rest of your career. We all present patients to one another as colleagues when we are seeking advice or sharing the care of a patient. By taking the time to learn this skill you will convey respect for the time and brain space of the person you are speaking to.

Begin with the basic facts:
- (Name) is a (age) year old (sex) here today for (initial consult/follow up) for (chief complaint).
- He/she is here today with (family member)—this is important in pediatrics and geriatrics
- History of the chief complaint
- Pertinent positives in the review of systems (ROS). Include only other body systems or medical problems that you perceive to be relevant to the chief complaint.
- Vital signs and exam today (pertinent positives related to the chief complaint)
- Status of lab work and radiologic testing (pending, has resulted, results show, etc.)

When presenting a patient:
- Speak at a pace that allows the listener can digest what you are saying.
- Make eye contact, use a confident tone of voice and body language. Avoid 'umm', etc.
- Be concise, provide the essential information and avoid excess
- If your preceptor asks you a question and you don't know, or didn't ask the patient, or didn't check that item on the exam, say so without hesitation. That is never something to be ashamed of. This is a learning process.

Appendix E:

An example of a request for a preceptor via CCP

New Preceptorship Request			
Request:	Req # 88154 *(requested 9/20/2024)*		
Term:	Spring	Start Date:	1/13/2025
Year:	2025	End Date:	4/30/2025
Type:	InternalMed	Student:	Still, Dianna diannastill@rivier.edu
Unit:		Preceptor:	
Nursing Program:	Rivier	Schedule Notes:	
Level:	NP/MSN	Hours per Week:	
Course:	NSG515	Total Hours:	250
Instructor:	Jill Hardy		
Comments:			
Attached files:	Student's resume		
Request Notes:	Dianna can be placed at an internal medicine office or a family practice for her final semester in spring 2025. Lives in Randolph, VT		