

# Undergraduate Family Medicine Teaching: Preceptor Opportunities and Teaching Tips

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# Land Acknowledgment

We acknowledge that we are presenting this session on the traditional, ancestral and unceded territories of the xwməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and Səl̓ílwətaʔ/Selilwitulh (Tsleil- Waututh) Nations.

# Conflict of Interest

None to declare

# Session Objectives

1. Overview of Undergraduate Family Medicine placements
2. Review preceptor role and Year 1 and 2 student expectations
3. Discuss strategies to integrate students into the practice setting
4. Describe effective clinical teaching approaches
5. Review effective feedback as well as time management strategies
6. Discuss Faculty Development Resources

# Overview of Family Medicine Yr 1& 2 Curriculum

Students learn about Family Medicine in 2 different settings:

## 1. **Office Visits** (focus of this talk)

- a) Primary Clinic Care (PCC) – longitudinal family medicine in both Year 1 & 2
- b) Focused Family Medicine (FFM) – in year 2 only

## 2. **Seminars** - In-person sessions with 8- 10 students.

- a) Year 1 seminars: Tuesdays and Thursdays (1-4 pm) at Life Sciences Centre, UBC
- b) Year 2 seminars: Mondays and Wednesdays (1-4 pm) at Diamond Health Care Centre VGH

# Primary Clinical Care Placements (Years 1 & 2)

The learners first experience with real patient care and our chance to promote family medicine and show them the full spectrum of longitudinal family practice.

## **Total hours student must complete:**

- Year 1: 12 hours in Term 1 and 15 hours in Term 2
- Year 2: 12 hours in Term 1 and 12 hours in Term 2

\*Term 1 (Sept-Dec) & Term 2 (Jan-April)\*

**The breakdown of the hours is flexible and often decided by the student and the preceptor.**

Some suggestions include:

- 10-12 half days (2-3 hours each)
- 5-6 semi-full days (4-5 hours each)
- 2-3 full days (6-8 hours)

# Focused Family Medicine Placements (Year 2)

For those with a specialty interests and opportunity to show students the breadth of career opportunities in Family Medicine.

Examples include Maternity, Women health, LTC, Palliative, Geriatrics, Procedures, ED, Hospitalist, etc.

**Year 2 students ONLY:** 6 hours in Term 1 and 6 hours in Term 2

Often done in 2 half days or 1 full day.

# What do students learn in Year 1?

## Appendix 4: What are students learning

|  | WHAT ARE THE STUDENTS LEARNING?  | WHAT'S THE LEARNING GOAL FOR STUDENTS IN MY CLINIC?  |
|--|--|--|
| <b>MEDD 411</b><br>First Year,<br>Term 1<br>(Sep – Dec)  | <b>Clinical Skills</b> <ul style="list-style-type: none"> <li>- Interviewing</li> <li>- History-taking</li> <li>- Vital signs</li> </ul><br><b>Procedural Skills</b> <ul style="list-style-type: none"> <li>- Injections</li> <li>- Suturing</li> </ul>  | <b>GOAL:</b> Orient students to the ambulatory practice of medicine.<br><b>Students should:</b> <ul style="list-style-type: none"> <li>- Observe you, soak in the practice, and see the joy of working with patients</li> <li>- Behave professionally at all times</li> <li>- Interview as many patients as possible on their own</li> <li>- Take vital signs on as many patients as possible</li> </ul>                   |
| <b>MEDD 412</b><br>First Year,<br>Term 2<br>(Jan – June) | <b>Clinical Skills</b> <ul style="list-style-type: none"> <li>- ENT, Head and Neck exam</li> <li>- Respiratory exam</li> <li>- Eye exam</li> <li>- Neurologic exam</li> <li>- Abdominal exam and point of care ultrasound</li> <li>- Cardiovascular exam (including peripheral vascular)</li> <li>- Musculoskeletal: Intro to GALS; Spine &amp; Neuro exam</li> <li>- More interviewing &amp; history</li> </ul> | <b>GOAL:</b> Encourage students to practice independent interviewing and physical exam skills<br><br><b>Students should:</b> <ul style="list-style-type: none"> <li>- Take medical histories and perform physical exams on own and with supervision</li> <li>- Record patient data in the office record</li> <li>- Consolidate the learning associated with their case of the week and clinical skills learning</li> </ul> |



# Year 1

## How to help learners at this stage:

- Feedback on history-taking and how to take one in an organized and respectful manner is helpful
- Learners at this stage will also be very grateful for opportunities to conduct basic examinations, and to have your guidance on how to improve their clinical skills
- Probing learners to encourage clinical reasoning towards diagnosis helps build strength in this area
- The learner will not be proficient at integrating examination of several systems at this point, but it will be helpful for them to have you demonstrate how this is done in clinical practice (e.g. CVS, respiratory and vascular systems in the same patient)
- Checking in with the learner about areas they need more experience in is always helpful

# What do students learn in Year 2?

## **MEDD 421**

Second Year,  
Term 1  
(Sep – Dec)

### **Clinical Skills**

- Leg/knee exam
- Skin exam
- Pediatric & adolescent exam
- GU & female breast exam
- Ultrasound assessment of volume status
- More interviewing & history

Same as MEDD 412

### *Please note:*

As second year students, their problem solving and clinical reasoning skills will be increasing; we encourage you to foster their progression

## **MEDD 422**

Second Year,  
Term 2  
(Jan – May)

### **Clinical Skills**

- Hip exam
- Hand & Systemic exam
- Shoulder exam
- Eye exam
- Sensitive interviewing skills
- Geriatric Assessment
- Cardiac ultrasound exam
- Complete History & Physical Exam (Bedside) Clinical reasoning skills
- Preparation for clerkship

**GOAL:** Prepare for clerkship through increasing independence and clinical reasoning skills

### Students should:

- Independently take a relevant history and perform an appropriate physical exam to address the patient's concern
- Report their findings and suggest a differential diagnosis and ideas for management plan

# Year 2

## How to support learners at this stage:

- Learners at this stage can complete most of the visit on their own but still require a review of all the findings and supervision in all settings.
- Demonstrate for the learner how clinical practice integrates the examination of several systems, while keeping in mind that learners have not yet learned how to do this for themselves (e.g., cardiac, respiratory and vascular systems in the same patient)

# Student Evaluation

- Student evaluation is done in form of Work-Base Assessment (WBA) send electronically to preceptors on One45 towards the end of the term.
- One WBA must be completed for each student at the of each term by the PCC preceptor only with exception of first term of year 1 which does not require any WBA.
- We take student assessments seriously and are committed to supporting our learners in their growth and development.
- We kindly ask preceptors to complete the WBA as soon as possible and as much as possible, discuss feedback with students so that they can learn from you directly.

# Preceptor Logistics

Supporting your role as a teacher:

- The MD Undergraduate Program Year 1 & 2 team will help you arrange the logistics of student placements in your clinic
- In addition, teaching materials and other supports will be provided.

If you are interested, please reach out to any one of us:

- Dr. Winnie Su (FM Director) at [Winnie.su@ubc.ca](mailto:Winnie.su@ubc.ca)
- Myself (Hajir Adl) at [Hajir.adl@ubc.ca](mailto:Hajir.adl@ubc.ca)
- Vera Maesen (VFMP Year 1 & 2 Program Manager): [Vera.maesen@ubc.ca](mailto:Vera.maesen@ubc.ca)

All preceptors need a clinical faculty appointment:

- Contact VFMP Year 1 & 2 Program Manager, Vera Maesen: [Vera.maesen@ubc.ca](mailto:Vera.maesen@ubc.ca) if needed to expedite your appointment if you do not already have one.

# Compensation

- \$106.03 per session for teaching one student
- \$129.59 for teaching two or more students

\*Please review eligibility in the Appointment Policy and Compensation:  
<https://www.med.ubc.ca/clinical-faculty/appointment-policies/>\*

# Strategies to integrate students into the practice setting

- If you teach clerkship students, what are areas that they struggle with?
  - For example: writing notes, presenting cases, taking a focused history
- Do you remember what you wished you knew before starting clerkship/clinical rotations?

# Case 1

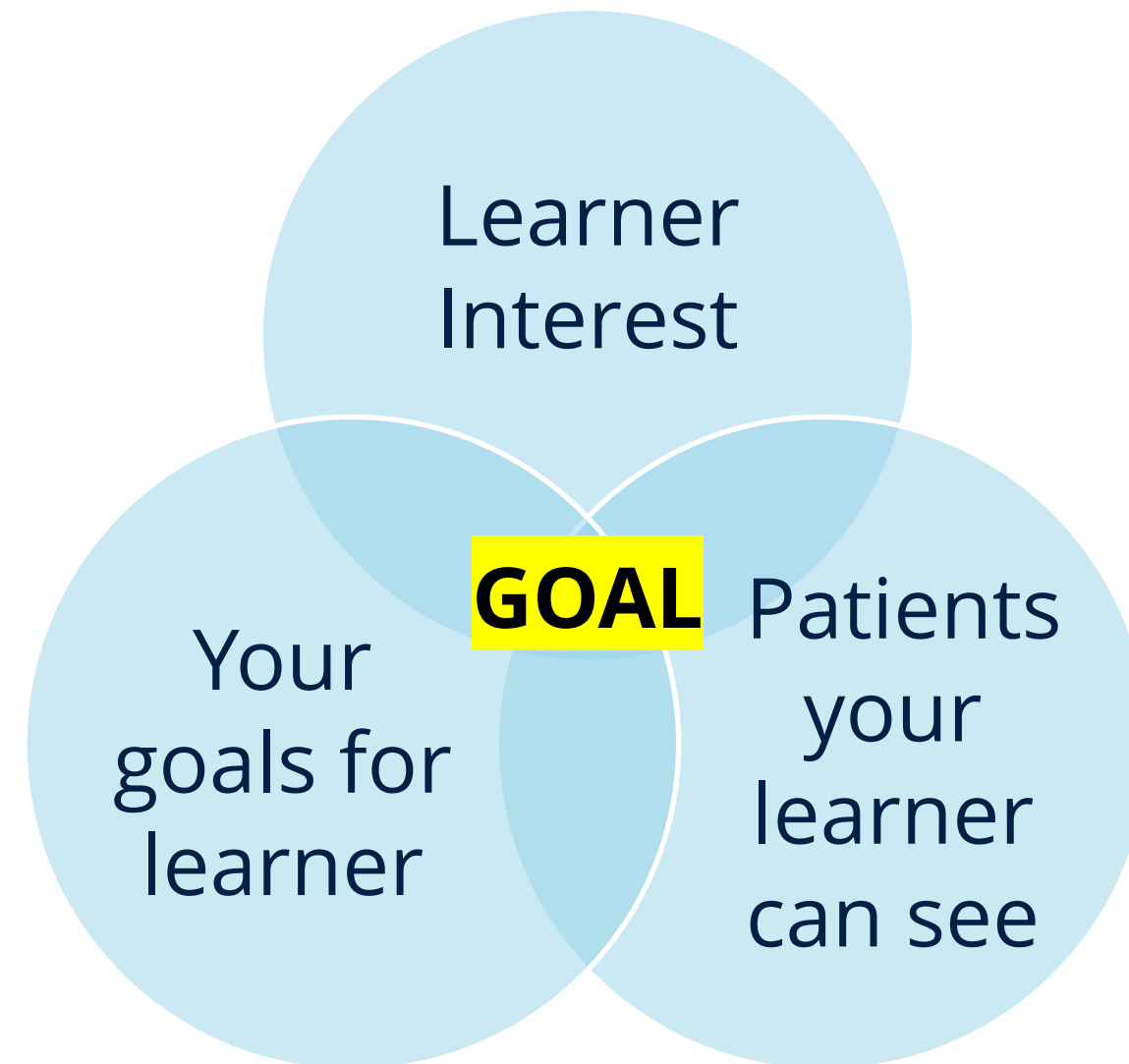
You've agreed to take two second-year medical students into your busy office for their family practice placement. You're genuinely excited to get involved in teaching, but you're also aware that your clinic runs at a fast pace and you don't want to fall behind or give the students a suboptimal experience.

- **What can you do to get ready for their arrival?**
- **What should you discuss with the students before they see their first patient?**



# Creating Goals

- If goal is too broad, help learner narrow scope of goal
- Frame learner's goal in the context of patients you are scheduled to see that day
- Plan tasks that intersect with:



# Example strategies

- Check in with student in advance to see what they have just been learning in CBL and clinical skills
- Check to see if there is a patient they can see to consolidate that learning
- Is the student interested in watching procedures?
- Any useful articles/reviews you can share with students before they join you in the clinic/ hospital?

## Reflection

- What has worked for you?
- What was your favourite part of taking a student?

# Case 2

You've oriented your two learners, Ashley and Lindsay, and shared your enthusiasm for family medicine and longitudinal, comprehensive care. They're excited to be in the clinic — a welcome break from lectures — and eager to apply what they've been learning in CBL and Clinical Skills. Ashley mentions they recently completed an MSK case in CBL and practiced the knee exam earlier in the semester.

You glance at your schedule and see it's going to be a busy morning. One of your patients, Mr. George — who has a history of rheumatoid arthritis — is booked for knee and wrist pain. It seems like an excellent learning opportunity, but you're unsure how to structure the encounter.

- **Should the students go in first? Are you expected to observe their history-taking, their physical exam, or both? (You're also concerned about falling behind)**
- **What should you do?**

# Direct Observation

## Consider:

- What should be observed?
- Set learners up with an achievable task
- Balance educational goals with patient comfort

# Effective Clinical Teaching Approaches

- **Ask learners** if they have specific goals for session/rotation
- **Teach around cases** or if time constraints, leave students with a clinical pearl around a case
- **Provide feedback on modifiable observation** (if possible demonstrate feedback you are giving)
- **Time management:** have learner independently do a component of assessment (physical exam, history, daily rounds note) while you see other patients
- **Layered learning** with learners at different stages of training (residents, medical students)

# Case 2 Continued

You decided to send both students in to obtain the history, then joined them for 5–10 minutes to observe Ashley's knee exam and Lindsay's wrist exam and to provide feedback. Ashley appeared comfortable and performed all the relevant maneuvers appropriately. Lindsay, however, seemed unsure of which wrist examinations to perform and did not demonstrate a clear approach (for example, examining the joint above and below, checking symmetry, or assessing neurovascular status).

**How should you provide feedback to your learners?**

# Collaborative Questioning

**Goal is to frame not knowing an answer as a learning opportunity, not to intimidate or embarrass the learner:**

- Invite and encourage learner questions
- Identify knowledge gaps as a positive way to direct new learning for the learner
- Encourage further questions to find the limit of a learner's knowledge
- Plan together for future learning

# Giving Feedback

- 3 Prepare for Feedback**  
Consider the learner's goals during your observations
- 2 Listen to the Learner**  
Have learner reflect on patient encounter prior to you providing feedback
- 3 Discuss the Encounter**  
Aim for 1-2 specific positive practice points for the learner to continue during encounters
- 4 Consider Areas for Improvement**  
Link areas of improvement to learner's self-reflection



# Time Management Strategies

- Attempt a reasonable patient schedule to accommodate learning
- Wave Scheduling:

| TIME              | PATIENT ACTIVITY                                      |
|-------------------|---|
| 9:00 to 9:15 AM   | Student sees Patient 1, Preceptor sees Patient 2      |
| 9:15 to 9:30 AM   | Student and Preceptor see Patient 1 together          |
| 9:30 to 9:45 AM   | Student charts on Patient 1, Preceptor sees Patient 3 |
| 9:45 to 10:00 AM  | Student sees Patient 4, Preceptor sees Patient 5      |
| 10:00 to 10:15 AM | Student and Preceptor see Patient 4 together          |
| 10:15 to 10:30 AM | Student charts on Patient 4, Preceptor sees Patient 6 |

- Learners can learn from other team members (MOAs, clinic nurses)

# Faculty Development Resources

<https://facdev.med.ubc.ca/faculty-development-programs/>

- **The Teacher Certificate Program (TCP)** is a provincially based virtual program open to all educators at the UBC MD Undergraduate and Postgraduate Program's distributed sites and aims to equip teachers in medical education with the foundational knowledge and skills to teach effectively. TCP is divided into two programs:
  - **TCP 1: Foundational Teaching** is designed to cover core teaching and assessment competencies for those who teach in the MD Undergraduate Program (MDUP) and Postgraduate Medical Education Program (PGME).
  - **TCP 2: Complementary Topics with a Clinical Teaching Focus** provides additional topics that continue to explore important teaching concepts.
- **A Day in the Life of a Preceptor** is an accredited teaching skills program for UBC family preceptors. The program runs from September through June and is structured around how teaching is typically sequenced in a community-based office. Visit the program website for more information: <https://dayinthepreceptorlife.med.ubc.ca/>

# Faculty Development Resources



## **FoM Office of Faculty Development**

Teaching resources, programs, events



## **VFMP Faculty Development**

Role-specific resources, teaching competencies

### **VFMP Faculty Development Contacts**

Director: Patrick Chen [patrickqh.chen@ubc.ca](mailto:patrickqh.chen@ubc.ca)

Associate: Lisa Weger [lisa.weger@ubc.ca](mailto:lisa.weger@ubc.ca)

VFMP Faculty Development: [vfmp.facdev@ubc.ca](mailto:vfmp.facdev@ubc.ca)

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