

## For the Office-based Teacher of Family Medicine

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Feature Editor

*Editor's Note:* I welcome your comments about this feature, which is also published on the STFM Web site at [www.stfm.org](http://www.stfm.org). I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). **Send your submissions to [jdelzell@kumc.edu](mailto:jdelzell@kumc.edu).** John Delzell, Jr, MD, MSPH, University of Kansas Medical Center, Department of Family Medicine, 3901 Rainbow Blvd, MS 4010, 1059 Delp, Kansas City, KS, 66160. 913-588-1996. Submissions should be no longer than three–four double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

# Patient Witnessed Precepting: Faster Precepting That Is Effective and Fun

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The traditional process for teaching in a family medicine residency may not be the best choice for teaching students in a private office. Residency teaching has usually encouraged the faculty preceptor to stay in the “precepting office.” The faculty is assigned from one to four residents who come to knock on the door. The faculty physician is “unencumbered” with patient care of their own. Teaching can be brief or in depth, but it takes place, primarily, out of the view of the patient.

I would like to introduce a different model of teaching—Patient Witnessed Precepting (PWP). Teaching medical students can be more effective and more rewarding, at least for me, if the teaching takes place directly in front of the

patient. Our three-person office takes a student year round, and my partners still use the traditional model of having the student present in our faculty office before seeing the patient. My process is different. If the student starts to present I say, “Wait a minute, tell me when we get in the room.”

PWP has also been called “exam room staffing” and “teaching in the patient’s presence” (TIPP). There have been few objective evaluations on patient witnessed teaching, but the early research suggests a preference by patient and faculty<sup>1</sup> and a split decision as to the degree to which the learners like it.<sup>2</sup> The components of PWP are listed in Table 1.

### Setting Expectations

The introduction to PWP occurs on the first day that I work with a student. I explain that I do all teaching in front of the patient. I introduce the student to the patient and ask them to take a history

of the chief complaint and to do an appropriate physical examination. I tell them that I will double check all pertinent physical exam findings. I tell them I am happy to double check their “normals,” and I must be told about all “abnormals,” even if they aren’t sure. I tell them that I may do parts of the physical exam while they are presenting the patient. I ask them to have an as-

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Table 1

### Components of Patient Witnessed Precepting

1. Set expectations.
  2. Focus and respond to the student presentation.
  3. Mindfulness of the patient.
  4. Provide feedback and teaching to the student and the patient.
  5. Wrap-up and summarize expectations.
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assessment and plan ready and that we will discuss this in front of, and with, the patient.

I go to see another patient while they are in the room. They can take their time, but I will interrupt if they take too long. If they finish before me, they can start writing the note. All of our students have access to our electronic health record. I tell them that I am willing to discuss almost anything in front of the patient but that they should tell me privately about any “loaded” history such as substance abuse, dangerous mental health symptoms, or possible abuse. We establish a code to leave the room, if needed. Lastly, I have them act as a “scribe” of the encounter for me in writing the note. They only record the things that we discuss together and the physical examination that I perform in the note. I double check and co-sign any note they write. I warn students that the temptation may be to write more, but the note must be a record of only what the licensed physician knows, says, and does.

### Student Presentation

The process of teaching with the patient looking on is not so different from teaching done in your office. After greeting the patient I say something like, “You’ve already talked to Jeff, he’s a third-year student getting pretty near to the end of his rotation, and he is going to tell me what he found out.” The student presents the history, and I ask clarifying questions using the one-minute preceptor microskills steps.<sup>3</sup> I may not always get the order in exactly the way it was first described, but I stick to this process pretty faithfully.

There are several advantages in PWP. The patient can immediately fill in any gaps in the history. If there are any questions the student forgot to ask, we can turn directly to the patient. The patient learns from the teaching. Questions such as “Do you think this patient will benefit from antibiotics?” or “What op-

tions do we have to lower the blood pressure?” lead to a discussion that helps the patient to have a better understanding of their condition. In addition, the patient feels that they are an integral part of the process. The patient is reassured that their story has been accurately told and that you heard every word. The student writes the note. This saves some (maybe a lot of) time at the end of the day. The notes are usually specific and complete but still require me to do some editing.

### Focus of the Encounter

The challenge of PWP is to keep your focus on the student when the student is presenting and to appropriately turn it to the patient when the teaching is done. It is easy to take over the encounter if the student has missed an important question. The key is to turn back to the student and resume teaching. I will say something like, “OK, now let’s see what Jeff thinks is going on,” to get back to the student.

I try to make sure that at some point I turn all my focus to the patient. It is often to make sure that they were following the discussion. I used to worry that if we got into basic science or pharmacology they would be somehow annoyed, but that does not seem to dim their enthusiasm for this process at all. I still do the critical parts of the physical exam, and occasionally I perform parts of the exam that the student did not do. Patients appreciate that they have been examined by two physicians.

### Summarizing the Plan

PWP does not diminish my standing with patients, if anything, I feel that they are more impressed with the fact that I am a teacher of medical students. A discussion of “Is this good control?” helps the patient put the state of their chronic medical condition into perspective. The follow-up question “What does she need to do to get her diabetes under excellent control?” can be-

come a robust group discussion with the patient taking an active role. At times I give both the patient and the student an assignment based on the visit. I have even been known to give myself an assignment, to model lifelong learning.

Even patients with difficult or confusing problems can be included in PWP. I will occasionally describe my thinking about my toughest patients to the student in that patient’s presence. It reaffirms (to the patient) that I have considered multiple possibilities and that I have done appropriate testing. To this point I have never had a student who came up with a clear answer that had stumped me, but that day may come, and it may be right in front of the patient. I am prepared for it, because these students are pretty bright.

If you have a student function as a scribe for your notes, you should have documentation in your office that attests to the process. (See Table 2.) This attestation should be signed and documented by every physician in the practice that uses PWP. Your organization’s legal department (if you have one) may also want to have a look at this.

PWP has allowed me to see patients faster with students than without them. I have to spend some time reviewing their notes, but this is more than compensated for by the fact that they save me time doing the “scribing” first. Occasionally I have to send an e-mail to a student

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Table 2

### Documentation

“Medical students from — (University or Universities) — will see patients in this office and write a note in the medical chart that documents my direct activity with the patient. They will document only the components of the visit that are discussed and evaluated by myself. I review all medical documentation, and my signature attests to activity, evaluation, and discussion performed by myself.”

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about an important change that I may have made in the documentation, and this gives good immediate feedback to the student. But the best reason for PWP is to bring the patient overtly into the teaching process. I can't prove its better care, but I am sure that it's more fun. You might want to give it a try.

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