Welcome to the APGO Effective Preceptor Series Companion Videos Post-Test. After watching a series of short videos, use the 40 questions below as a teaching or studying aid. Each video and set of four questions should take no more than 10 to 15 minutes and will reinforce what it takes to be a good physician educator.

If you would like to earn 1.5 CMEs for completing the test, please purchase the Effective Preceptor Series in the APGO Shop and complete the learning module, including CME registration, on the Association’s Learning Management System.

1. **Introduction to Preceptorship and Preparation for the Learner**

1. **What is the primary goal of a medical student-preceptor interaction?**
   a. To teach independent management decisions regarding common medical problems
   b. To use billing codes for effective reimbursement
   c. To utilize ancillary staff to improve practice efficiency
   d. To see more patients in order to increase practice productivity

   **Answer:** A

   *The value of the medical student-preceptor model is grounded in its ability to use role modeling, effective assessment, immediate feedback and meaningful evaluation to help students become independent decision-makers regarding common medical problems.*

2. **Which of the following is a key characteristic of the effective preceptor?**
   a. Detailed explanations of disease processes
   b. Provides delivers didactic information daily
   c. Gives full patient care responsibility to learner
   d. Generates interest in the subject matter

   **Answer:** D

   *An effective preceptor teaches with enthusiasm and generates interest in the clinical material to help students become curious, self-directed learners.*

3. **What is the benefit of an effective teaching encounter for the preceptor?**
   a. Decreased resident work hours
   b. Decreased isolation
   c. Improved relationships with faculty preceptors
   d. More time to see patients with complex cases
Answer: B
*Preceptors experience decreased isolation as learners often remind preceptors about the joy of clinical practice.*

4. **How is the patient experience affected by the involvement of a medical student in the patient’s care?**
   a. Decreased quality of care
   b. Decreased patient satisfaction
   c. Increased attention from learners
   d. Increased cost of health care

Answer: C
*Although patients may be asked repetitive questions by students, residents and faculty, the increased attention from learners serves as a mechanism to make sure that accurate patient information is obtained.*

2. **Teaching Strategies in the Ambulatory Setting**

1. Which microskill is a preceptor utilizing when he or she asks a student, “What do you think is going on with the patient?”
   a. Getting a commitment
   b. Probing for supportive evidence
   c. Teaching a general rule
   d. Reinforcing what was done right
   e. Correcting mistakes

Answer: A
*Getting a commitment is probably the most important microskill, as it moves the student from being someone who is simply reporting the data to someone who can interpret the information provided by the patient.*

2. **Microskill 2-probing for supportive evidence is a way to:**
   a. Understand how to “pimp” medical students
   b. Help preceptors give feedback
   c. Identify preceptor knowledge or learning gaps
   d. Move a student from being an interpreter to a manager
   e. Aid a student in developing differential diagnosis skills

Answer: E
*Probing for supporting evidence helps a student with his or her critical thinking skills and connecting a history and physical exam findings with specific diagnoses.*
3. Which of the following would be an appropriate way to give feedback to a student to reinforce what was done right?
   a. “Try again”
   b. “Excellent reasoning”
   c. “Please see the next patient”
   d. “An S3 heart sound is associated with CHF”
   e. “What else could be going on?”

Answer: B
Reinforcing what was done right is a way to give a student positive feedback, so “excellent reasoning” is a way to specifically evaluate a student’s skill-reasoning with a positive, descriptive term.

4. One of the advantages of the microskills of teaching is that it allows the preceptor to:
   a. Identify a student’s clinical skill level
   b. Quickly teach critical topics
   c. Instruct several students at one time
   d. Teach procedures in step-by-step manner
   e. Receive more evaluations from students

Answer: A
Microskills is a framework that has been used in the outpatient setting, usually in a one-on-one setting to appropriately teach at an individual student’s clinical skill level. It is an ideal way to teach general rules regarding medical/surgical management of a patient one topic at a time.

3. Teaching Strategies in the OR

1. Which of the following is an attribute of a valuable OR teacher?
   a. Allows all students to tie intra-operative knots
   b. Introduces assistant surgeon to circulating nurse
   c. Remains silent throughout case, so all learners can concentrate
   d. Reviews patient’s pre-op workup prior to case

Answer: D
An effective OR teacher demonstrates sensitivity to the student’s learning needs. Reviewing a patient’s pre-op workup prior to the case allows a student to understand the thought process that the physician has gone through and helps the student become engaged during the case.

2. Allowing a student to perform which of the following tasks involves the student in a case?
a. Moving a patient’s bed to the hallway
b. Performing a Foley catheter insertion
c. Retraction of the vaginal sidewall during a vaginal hysterectomy
d. Watching a laparoscopic procedure on the monitor

Answer: B
Inserting a Foley catheter allows the student to be engaged in the procedural aspect of the case. It sends a message to OR staff that you would like the learner to be part of the clinical care team for the patient.

3. What does the D stand for in the B-I-D model?
   a. Debriefing
   b. Deciding
   c. Defending
   d. Delegating

Answer: A
Roberts and colleagues developed a model for teaching in the OR—the BID model, which stands for Briefing, Intra-operative Teaching and Debriefing.

4. The debriefing aspect of the BID model includes the following component:
   a. Assessing the student’s skill via a simulation model
   b. Reinforcing what was done well by the student
   c. Reviewing laboratory findings
   d. Writing a report to the clerkship director on student performance

Answer: C
Debriefing includes four components: student self-reflection on performance, reinforcement of what was done well by student during case, correction of any mistakes that were made and development of a rule to guide future experiences.

4. How to Deliver the Curriculum

1. Which question about teaching and learning should the curriculum address?
   a. What knowledge and skills do we want students to have when they finish medical school?
   b. When is the best time for teachers to give feedback?
   c. Who should complete student recommendation letters?
   d. How do you complete a discharge summary?
   e. How should clerkship directors address professionalism?

Answer: A
The curriculum should address three essential questions about teaching and learning:
2. Which of the following is an appropriate objective for the obstetrics and gynecology clerkship?

a. The student will demonstrate how to insert an IUD in a patient
b. The student will be able to perform a cesarean delivery
c. The student will be able to perform a history and physical examination on a patient presenting for an annual visit
d. The student will be able to manage a patient with preeclampsia
e. The student will be able to manage a patient with post-operative ileus

Answer: C
Clerkship objectives should be measurable and appropriate for the learner’s level of training. The only objective that fits both these criteria is choice C.

3. Appropriate evaluation of learners should:
   a. Assess key personality characteristics
   b. Occur after every patient care encounter
   c. Occur in one patient care setting
   d. Occur only at the end of the clerkship
   e. Utilize valid and reliable assessment methods

Answer: E
Appropriate evaluation of learners should utilize valid and reliable assessment methods, occur over time, derive from multiple settings and be specific and user-friendly (for both the teacher and the student).

4. Which of the following does APGO provide to support every single medical student objective?
   a. Animated videos
   b. Clinical cases
   c. Checklists
d. Oral examination templates
e. Simulation activity

Answer: C
The APGO website recommends the appropriate method of evaluation for each medical student objective. Evaluation methods include case-based learning, didactic sessions,
clinical setting, readings, role play and simulation. The website also has animated videos for most medical student objectives.

5. Providing Educational Feedback

1. Which of the following statements is an accurate definition of feedback?
   a. A subjective appraisal of performance
   b. A summative evaluation of behavior
   c. A judgment of clinical abilities
   d. A commentary intended to modify learner behavior
   e. An assessment of grades to compare learners

Answer: D
Feedback is meant to be a constructive and objective appraisal of performance and is given to help learners improve and make appropriate behavior modifications.

2. For feedback to be effective, it needs to be:
   a. Addressing several competencies
   b. A compilation of many encounters
   c. Delivered in a timely manner
   d. Discussed in a group forum
   e. Focused on personal characteristics

Answer: C
Feedback that is delivered as close to the encounter as possible is most likely to make an impact on a learner. It should be specific, focused on a modifiable behavior and given in a private setting.

3. Which of the following statements reflects a good feedback encounter?
   a. “The chief resident told me that you never round on your patients.”
   b. “Your notes are sub-par.”
   c. “Print the census.”
   d. “Speak up, we can’t hear you.”
   e. “Clinic started at 1:00 pm, and you arrived at 1:20.”

Answer: E
Good feedback begins with facts that are best obtained first-hand. These facts should be statements with which the learner cannot argue and help set the stage for behavior modification.

4. Which of the following statements would best help a learner self-assess during a feedback session?
   a. “Why was that encounter so poor?”
b. “Why did the resident yell at you?”
c. “What could you have done differently?”
d. “Did you read the goals and objectives?”
e. “Don’t the medical students learn this during second year?”

Answer: C
Helping the student assess his or her own performance is an important part of feedback. The self-assessment should not be prefaced with derogatory or negative statements.

6. Hidden Curriculum: What Are You Teaching?

1. Which of the following is an example of the hidden curriculum?
   a. Receiving formal clerkship objectives
   b. Watching an attending’s disapproval of a Jehovah's Witness patient's decision to refuse blood transfusion
   c. Giving verbal instruction on how to perform a blood draw
   d. Delivering oral feedback on a written history and physical examination
   e. Observing a physician deliver bad news to a patient

Answer: B
The hidden curriculum includes those messages sent to the learner about the informal culture, customs, rituals and rules of our profession. These messages can both be positive or negative.

2. Which of the following ACGME competencies is MOST affected by the hidden curriculum?
   a. Patient care
   b. Medical knowledge
   c. Professionalism
   d. Practice-based learning
   e. Systems-based practice

Answer: C
To some degree, all ACGME competences are affected by the hidden curriculum. However, it is professionalism that is most affected and is something that cannot be learned from a textbook or journal. Role modeling of professional or unprofessional behavior has a profound impact on the learner.

3. What is the hidden message that is sent when nurses are included in 360 assessments of the residents?
   a. Attendings do not trust the residents
   b. Medical care requires a team approach
   c. Residents require constant supervision
d. Attendings do not have time to complete evaluations
e. Nurses are better at the evaluation process

Answer: B

Using nurses or other health care providers in a 360-degree evaluation communicates that medical care requires a team approach and that the physician is a member of that team. It teaches trainees that one’s behavior and messaging can be interpreted in different ways, and awareness of perspective is an important aspect of delivering high-quality patient care.

4. Which of the following is a positive hidden curriculum message that can be sent to students?
   a. Discussing workload and unbalanced call schedules
   b. Choosing not to attend student evaluation sessions
   c. Identifying patients with multiple hospitalizations as frequent flyers
   d. Sharing updated patient care results with consult team
   e. Talking about weekend plans for a bar crawl to blow off steam

Answer: D

The hidden curriculum is the unrealized, often ad hoc and opportunistic transmission of implicit beliefs and behaviors. It can be positive or negative. Sharing patient information with the consulting team of physicians is another way of role modeling the importance of collaboration and teamwork for the good of patient care.

7. Learner-Centered Education

1. What is the most effective setting to utilize learner-centered education?
   a. Ambulatory clinic
   b. Inpatient hospital rounds
   c. Traditional didactic lecture
   d. Sign-outs
   e. Morning report

Answer: A

As time to teach is often limited in the ambulatory clinic, learner-centered education is most effective in the ambulatory clinic. It allows the student to take a central and active role in his or her learning.

2. What does the second S in Wolpaw and colleagues’ SNAPPS teaching module represent?
   a. Summarize briefly the history and findings
   b. Seek out a role model for learning
c. Solicit ideas from preceptor regarding management
d. Select a case-related issue for self-directed learning
e. Supply five possible differential diagnoses

Answer: D
SNAPPS is a learner-centered model for case-presentations to the preceptor in the ambulatory setting. It consists of six steps:
1. Summarize, briefly, the history and findings.
2. Narrow the differential to two or three relevant possibilities.
3. Analyze the differential by comparing and contrasting the possibilities.
4. Probe the preceptor by asking questions about uncertainties, difficulties or alternative approaches.
5. Plan management for the patient’s medical issues.

3. What is the purpose of probing the preceptor about uncertainties, difficulties or alternative approaches?
   a. To allow the learner to utilize the preceptor’s knowledge base to help the learner refine his or her knowledge base
   b. To use the Socratic method on the teacher
   c. To evaluate whether the teacher has a deep fund of knowledge
   d. To change the focus to preceptor-based teaching
   e. To help the teacher refine his or her own teaching skills

Answer: A
During this step, the learner discusses areas of confusion and questions the preceptor, rather than waiting for the preceptor to initiate the probing.

4. Which of the following is a direct benefit of learner-centered education to the preceptor?
   a. Improved communication skills
   b. Teaches self-directed lifelong learning
   c. Better informed preceptor feedback evaluations
   d. Increased student knowledge
   e. Increased time to precept the learner

Answer: C
Learner-centered education has benefits for the learner and the preceptor. It allows the preceptor to deliver more appropriately informed and focused feedback. Improved communication skills, increased knowledge and lifelong learning are benefits to the learner. It is a method that allows for precepting in a time-sensitive setting.

8. The Preceptor and Cultural Competence
1. Which of the following policies is the BEST way to develop cross-cultural health care?
   a. Require all residents to learn a second language
   b. Teach a set of congruent behaviors, knowledge, attitudes and policies pertaining to cultural and linguistic competency that reinforce congruent behaviors, knowledge, attitudes to all member of the health care team
   c. Provide 24/7 access to interpreters
   d. Hire staff from diverse cultural backgrounds
   e. Require all physicians to complete an annual cultural competency CME module

   Answer: B
   Although all the above answers help in the delivery of cross-cultural health care, the correct answer choice encompasses a broad approach as the entire health care team needs to be culturally competent to be able to provide high quality health care to the ethnically diverse patient population in our country.

2. Which of the following questions facilitates cross-cultural communication?
   a. “What do you think has caused your problem?”
   b. “How long ago did your sickness begin?”
   c. “How have your symptoms affected your activities of daily living?”
   d. “Does anything make your symptom better or worse?”
   e. “Who should make health care decision for you in case you are unable?”

   Correct Answer: A
   “What do you think has caused your problem?” is a question that may help the provider understand whether the patient has a biological understanding of their disease process or is the patient’s explanation rooted in a cultural belief. As physicians, we often approach treatment and management from a biological model of disease and if a patient has different understanding, the patient may not follow our instructions to take a medication as they think alternative medications or behaviors will serve them better because of what the he or she believes is the true etiology of his or her symptoms.

3. What does the E in the pneumonic ETHNIC stand for?
   a. Exploration
   b. Explanation
   c. Efficiency
   d. Education
   e. Entertainment

   Answer: B
   ETHNIC is a pneumonic used to identify a patient’s explanatory model of his or her health and facilitate cross-cultural communications. The E stands for Explanation (How do you explain your illness?). The T stands for Treatment (What treatment have you tried?). The
$H$ represents Healers (Have you sought any advice from traditional healers?). The $N$ stands for Negotiate (Mutually acceptable options). The $I$ represents Intervention (Agreed on). The $C$ stands for Collaboration (With patient, family and healers).

4. Which of the following practices is representative of a proper interaction with an interpreter?
   a. Speak extra loudly
   b. Make eye contact with the interpreter while speaking
   c. Use a family member to interpret whenever possible
   d. Use carefully chosen words to convey your meaning
   e. Do not allow interpreter to take notes during patient interaction

Answer: D
   When using an interpreter, use careful specific words to convey your meaning and be prepared to rephrase your words if the interpreter/patient does not understand you. There is no need to speak extra loudly as use of an interpreter is a language barrier, not a sound barrier. The interpreter may take notes while you are speaking to ensure that he or she is conveying accurate information. Be sure to make eye contact with the patient when speaking. Only use a family member to interpret in case of an emergency. Utilizing interpreters appropriately is a key tool for delivering culturally competent care.

9. Using the Electronic Medical Record to Precept Students

1. Why should medical students learn about the EMR in their medical training?
   a. Allow preceptors to document more information so patients can be billed at higher E/M codes
   b. Learn about different EMRs so that medical students can decide which EMR to use in their practice
   c. Preparation of written communication and reasoning skills during residency
   d. Pre-written templates allow student to focus on learning more important clinical skills
   e. Scribing as a medical student improves efficiency of preceptor

Answer: C
   Medical schools must prepare students for entry into residency, specifically instructing them on communication skills. Proper documentation of a patient visit is a key communication skill that improves patient safety and quality of care.

2. Which of the following is an advantage of allowing the medical students to use the electronic medical record?
   a. Decreases efficiency of patient data retrieval
   b. Diminishes student fund of knowledge
   c. Places patient safety at risk
d. Allows for evaluations of student performance
e. Increases cost of patient care

Answer: D
Student use of EMR allows learners to efficiently retrieve patient data, increases student fund of knowledge, improves patient safety and does not affect the cost of patient care. It is another method in which teachers can evaluate learners in all six ACGME competency areas.

3. If a student uses embedded clinical support tools to access current evidence related to patient care, the student should be evaluated in the RIME-P schema as a:
   a. Reporter
   b. Interpreter
   c. Manager
   d. Educator
   e. Professional

Answer: D
RIME-P is the rubric that our medical school uses to evaluate our medical students. Students who are able to retrieve evidence-based data from the EMR for the purpose of patient care are functioning at a high level as educators.

4. The clinical decision support systems within the EMR have the potential to help medical students with which of the following ACGME competencies?
   a. Medical knowledge
   b. Interpersonal and communication skills
   c. Professionalism
   d. Practice-based learning
   e. Systems-based practice

Answer: A
The EMR has the potential to address all six ACGME competencies. However, use of the clinical decision support systems has the potential to enhance trainees’ fund of knowledge.

10. Pearls for the Clinical Encounter

1. How can we teach students to read between the lines?
   a. Ask the nurse to ask the sensitive questions
   b. Call family members about the patient
   c. Teach students about non-verbal cues
   d. Make sure the person who brings the patient to the doctor stays in the exam room
Answer: C
It is very important for students to learn that patients may not immediately share their most intimate concerns. Health care providers must stay attuned to non-verbal cues such as emotional expressions, body posture and nervous habits. Remind students that patients may not share information in front of the friend or family member who has brought them to the office.

2. Students can make patients realize that gynecological questions are standard by:
   a. Asking closed-ended questions
   b. Asking gynecological history first
   c. Avoiding questions about substance abuse
   d. Developing comfortable wording

Answer: D
Patient histories should begin with open-ended questions and proceed from least sensitive to most sensitive in nature. For patients to feel comfortable answering gynecological questions, providers must ask in a non-judgmental way and feel comfortable asking these questions.

3. Which of the following is a helpful way to question a patient?
   a. “Do you or your partner have any concerns about your sexual health?”
   b. “Why are you still a virgin?”
   c. “How many men have you had sex with?”
   d. “You don’t smoke, do you?”

Answer: A
Gynecological history taking requires a higher level of sensitivity on the part of the health care provider. It is important to ask questions without making any assumptions. When asking about sexual health, do not assume the patient’s hetero or homosexuality. Asking in an open-minded way such as, “Do you or your partner have any concerns about your sexual health?” demonstrates to the patient that you are willing to listen.

4. If a pregnant patient has bruises on her arm, how can we ask about domestic violence in a tactful manner?
   a. “Did your partner cause that bruise?”
   b. “Is it safe for you to return home today?”
   c. “Who gave you that beating?”
   d. “You must have made someone pretty mad, huh?”

Answer: B
Abuse is never right and never the patient’s fault. It is important to make the patient feel safe and not feel the need to be defensive. “Is it safe for you return home today?” is an open-ended way to probe a patient regarding abuse.