

“FASTS Precepting: Engaging Medical Learners In Virtual Patient Encounters With A Mnemonic Based Tool”

Jen Hartmark-Hill, MD & Payam Sazagar, MD

Research team includes: Enegeh Bate*, MD, Tyler Murphy*, MD, Mohan Belthur, MD, Abel de Castro, MS4, Eahsan Shahriary, PhD

**Development of initial concept as scholarly project during University of Arizona College of Medicine-Phoenix Faculty Development Fellowship*

Fig 1. “FASTS” Precepting Model for Telehealth Learners

F	Formulate a relevant clinical question
A	Ask the attending/resident
S	See the patient virtually
T	Talk with the attending/resident
S	Save the information for later as a resource

Background

- Shift to virtual platforms during COVID-19 pandemic
- Of medical schools with a preclinical telemedicine curriculum, only 53% utilize patient encounters to develop competencies.¹
- Graduating medical students as a whole feel unprepared to utilize telehealth for patient care.²
- 2021: AAMC released 6 domains of virtual care with various competencies

- Many of the guidelines related to virtual care implementation and trainee instruction in this setting rely mainly on expert opinion.³
- Traditional precepting models such as SNAPPS, the One-Minute preceptor, remain valuable tools, but we identified a need to develop a standardized tool to support learner-centric growth in the AAMC's competencies, while accounting for the unique challenges of telemedicine workflows.
- The FASTS tool standardizes an approach Preceptors can take to maintain a learner-centric, andragogic approach to clinical education in the telemedicine environment.

References

1. Waseh S, Dicker A. Telemedicine Training in Undergraduate Medical Education: Mixed-Methods Review

JMIR Med Educ 2019;5(1):e12515
2. Lehrer M, Murray S, Adler C, Haerter S. Needs assessment regarding telemedicine education. Poster presented at: Innovations in Medical Education; February 19, 2016; San Gabriel, California.
3. Zickuhr L, Kolfenbach J, Bolster MB. Applying Educational Theory to Optimize Trainee Education in the Ambulatory Virtual Care Environment [published online ahead of print, 2021 Aug 17]. Med Sci Educ. 2021;1-8. doi:10.1007/s40670-021-01365-0

Hypotheses

- 1.) Use of the FASTS approach to precepting in the telemedicine environment results in consistent identification of learner-identified clinical questions. **(behavior)**
- 2.) Use of the FASTS approach to precepting in the telemedicine environment consistently results preceptor teaching and sharing of resources to support learner goals **(behavior)**
- 3.) Use of the FASTS approach to precepting in the telemedicine environment results in preceptor and learner satisfaction with the teaching/feedback encounter. **(attitude)**

Fig 2. Draft 3-Question Survey

<i>Relevant Hypothesis</i>	<i>Potential Question</i>
1	A learner-identified clinical question was identified during each precepted patient encounter. <i>Always Frequently Sometimes Rarely Never</i>
2	Precepting the learner resulted in teaching points/resources shared related to a learner-identified clinical question. <i>Always Frequently Sometimes Rarely Never</i>
3	The teaching encounter was effective for telehealth-related learning. <i>Strongly Disagree Disagree Neutral Agree Strongly Agree</i>
1-3	(Optional) Comments:

Appendix

(Original Iteration)

Virtual Patient Encounter Self Reflection Form

Your Role (please circle): Student Physician Teacher (Resident, Faculty, etc.)

For the below statements about your experiences with virtual patient encounters, please circle a number from 1-5 based on your satisfaction level: 1 being completely disagree and 5 being completely agree.

I feel that both the student and physician teacher were engaged in the virtual patient encounter.	1	2	3	4	5	N/A
I feel that both the student and physician teacher showed ownership over the patient care given during this virtual patient encounter.	1	2	3	4	5	N/A

I feel that a specific goal for knowledge or skill development was identified prior to the virtual patient encounter beginning.	1	2	3	4	5	N/A
I feel that the pre-identified goal was adequately achieved during the virtual patient encounter.	1	2	3	4	5	N/A
I feel that there was adequate time and opportunity for providing feedback regarding the virtual patient encounter.	1	2	3	4	5	N/A
I feel that the feedback provided was applicable to the pre-identified goal.	1	2	3	4	5	N/A
I feel satisfied with the quality and applicability of information and resources provided in regards to pre-identified goal.	1	2	3	4	5	N/A

Please feel free to use the space below to provide any other feedback not addressed in the above statements.