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Welcome

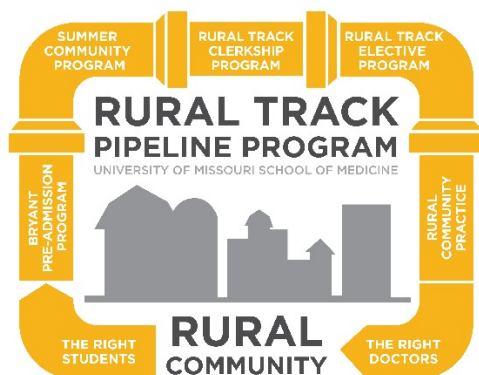
As a community-based faculty member (or preceptor), you play a key role in the education of our medical students. Your role as a mentor for future physicians is:

- to expand their knowledge base
- to teach, evaluate, and help them practice new skills
- to enable them to problem solve and to emulate you as a clinician and member of your community

The preceptor handbook is simply intended as a guide to inform current preceptors about expectations associated with their teaching role and responsibilities. Links to the MU School of Medicine's website <http://medicine.missouri.edu/> are embedded throughout the handbook to enhance access to timely, accurate information. The language used throughout should not be construed as a contract between the University of Missouri and any of its community-based faculty, or a promise of employment for any specific duration. Prospective preceptors are encouraged to review the steps for obtaining a faculty appointment (see table of contents).

MU School of Medicine's Rural Track Pipeline Program (a.k.a MU AHEC)

The goal of the MU Rural Track Pipeline Program is to increase the number of physicians in rural and underserved Missouri communities.



See our website for more information

<https://medicine.missouri.edu/education/rural-track-pipeline-program>

Essential Information for Community-based Faculty (preceptors)

MU School of Medicine's Vision, Mission, Goal Statements, and Key Characteristics of Graduating Students and Residents

<https://ome.som.missouri.edu/visions/>

MU Medical School Policies

See student handbook for a comprehensive description of medical school policies

<https://medicine.missouri.edu/student-resources>

MU School of Medicine Curriculum

<https://medicine.missouri.edu/education/medical-education-curriculum/third-year>

Objectives and evaluation expectations, utilized for both onsite and rural track clinical rotations, will be provided by the clerkship director and/or the student coordinator from the appropriate clerkship department.

Child Health

<http://www.ch.missouri.edu/>

Family Medicine

<http://www.fcm.missouri.edu/>

Internal Medicine

<http://imed.missouri.edu/>

Obstetrics & Gynecology

<https://medicine.missouri.edu/departments/obstetrics-gynecology-and-womens-health>

Psychiatry

<https://medicine.missouri.edu/departments/psychiatry>

Neurology

<https://medicine.missouri.edu/departments/neurology>

Surgery

<http://www.surgery.missouri.edu/>

Evaluation of Medical Students

The MU clerkship departments use an online evaluation process called the Faculty Evaluation System (FES). Community-based faculty members will receive complete instructions from the MU clerkship student coordinator prior to when evaluations are due.

Philosophy

Student evaluation is a vital part of any educational process. In medical education, evaluation serves two purposes: 1) to assess student performance and 2) to provide students with information needed to continuously enhance his/her performance. The assessment component of evaluation is to determine whether each student is acquiring the appropriate knowledge and skills to function as a competent physician and is developing the values, attitudes and behaviors that characterize the high standards of the medical profession. The evaluation system serves the crucial function of quality control, ensuring that the medical degree denotes high standards of competence and professionalism.

Evaluation in medical education also serves the valuable internal function of providing feedback to students about their progress and areas requiring their attention. Medical students, as adult learners, should be self-directed and strongly motivated to use this

feedback to maximize their potential. This requires continuous self-assessment and reflection to assure appropriate progress through the process of education. Results of formal evaluations are used by the faculty to judge the progress of students and are used by individual students for self-improvement.

Terminology

Summative Evaluation focuses on the results or outcomes of an educational event or an individual's performance. Examples include evaluations that determine if students will progress from M1 to M2 year, an examination testing mastery of course material or demonstration of physical examination proficiency on a standardized patient.

Formative Evaluation is done to improve or change a person's performance, or enhance a program during the educational episode. Formative evaluation provides information for both diagnosis of a problem and a prescription for change. As teachers, you will most frequently participate in this type of evaluation.

The groundwork for a good evaluation process is laid on the first day of the rotation when the goals and expectations for student performances are clearly communicated.

Tips for Giving Feedback

- Before you begin, spend a few minutes preparing for the feedback session.
- Give feedback as frequently as possible and as close to the event as practical.
- Make feedback a part of "normal educational activities." Acknowledge the learner's effort and achievements no matter how small.
- Make a point of providing positive feedback for improvements made since the last feedback session.
- Involve the learner in a two way dialogue prompted by questions like "What is your assessment?", or "How do you think things went?"
- Describe the behavior you observed without attributing value to it.
- Avoid undue emotion or generalities.
- Be precise in describing the event to be discussed.
- Be clear and specific on what should be changed.
- Focus on one to two things that the learner can change.
- Highlight the behaviors and learning issues that the learner can control.
- Describe the impact the behavior has on others (patient, other learners, evaluator).
- First give feedback describing what was done right, then what was done wrong, and conclude with what to do next time.
- Limit the feedback provided during any one session to one or two memorable messages.
- Use notes to help you remember specifics.

Remember to allow time for the learner to participate in the feedback session. Teachers influence the quantity and quality of the learner's speech by pausing, asking questions, or asking open-ended questions. This promotes "two-way" communication and helps the learner to address his/her learning goals. Salzman & Grasha (1991) use the term "psychological size" to describe the impact one person has on another during the dialogue exchange. Teachers may use three strategies to equalize psychological size during feedback sessions:

- Make empathetic statements. Self-disclosures that a particular concept was also difficult for the teacher to master, if true, can be helpful.
- Use "I" and "we" versus "you" in the dialogue.

- Share the amount of time spent talking with the learner.

Salzmann, J., & Grasha, A.F. (1991). Psychological size and psychological distance in manager-subordinate relationships. *The Journal of Social Psychology*, 131, 629-646.

Through well-written goals and objectives the learner gains an understanding of the expectations for the clinical rotation. Through multiple feedback sessions the learner gains an understanding of his/her performance and areas in need of improvement. If both of these processes are working correctly, evaluation flows from the feedback sessions.

Tips on Good Evaluation

- Link the evaluation with the objectives. Describe in clear, precise language the criteria that will be used to judge performance and/or learning.
- Describe in clear and precise language acceptable and unacceptable performance.
- Evaluate as soon as possible after the activity has been completed.
- Provide comments that describe specific strengths and weaknesses on which the evaluation is based.
- Use multiple sources of data (direct observations, written record, patient comments, peer comments).
- Provide the learner with an opportunity to discuss his/her evaluation.
- Help the learner understand how the evaluation will help them in his/her learning efforts.

Why Bother with Written Comments?

Although written comments take more of the evaluator's time, they are a very important part of the evaluation process.

Written Comments:

- Provide documentation for the ratings.
- Are a source of motivation for high performing learners.
- Provide a road map for improvement for poor performing learners.
- Promote professional growth.
- "Personalize" the evaluation tool for individual learners.
- Are the first thing the learner looks for in the evaluation and are often remembered long after the numerical rating is forgotten.

Students need feedback on their performance throughout the rotation to change their behavior and improve their performance.

Specifics about the Rural Track Clerkship Program

Goals

- Explore and discover issues relevant to practicing medicine in a rural community
- Provide students with core clinical experiences by working with a qualified preceptor
- Afford students the unique opportunity to live and work in a rural community
- Provide opportunities for service learning through community integration activities

MU Preceptors (Current & Prospective)

Every physician's practice offers unique opportunities for medical students to expand their knowledge and skills and develop professional attitudes. Preceptors are encouraged to customize the student's learning experience using the clerkship objectives as guidelines.

The MU clerkship director may contact the preceptor during the rotation to see if there are any questions or concerns about curriculum or evaluation but preceptors are encouraged to contact them if anything arises before, during, or after the clinical rotation.

MU RTPP and AHEC Contacts

You will be contacted by the MU RTPP staff coordinator and/or the local AHEC clinical coordinator prior to each student rotation by email with a block reminder about your assigned student rotation(s). If any problems arise during the rotation, contact the MU RTPP staff <https://medicine.missouri.edu/education/rural-track-pipeline-program> to resolve any issues.

Initial Preceptor Responsibilities

On the first day, review with the student how you prefer the student to function in your office. Negotiate appropriate expectations and make sure they are clear, especially regarding how much independence students will have in evaluating patients. It is suggested you meet with the student weekly to review the week's activities and to develop a plan for the next week. Each rotation is eight weeks in length but, depending on the clerkship, student time in your office may vary. Specific dates will be included on all rotation requests.

Third-year medical students have completed the first two years of medical school consisting of Basic Science/Patient-Based Learning (PBL), and Introduction to Patient Care (IPC). See <https://medicine.missouri.edu/education/medical-education-curriculum> for more information about year one and two.

Student Independence & Supervision

How much independence should you give students in seeing patients? Increasing amounts of independence should be considered each week as you become more familiar with the students.

It is important to balance the preceptor's need to work efficiently and effectively, the patient's right to see his/her physician, and the students' need to have hands-on experiences with some degree of independence. It is recommended that patients be asked first if they mind seeing a medical student. For the first day or two, students may only observe you. Then if it is acceptable to the patients, students can do a history and physical examination and discuss findings and tentative plans with you. You can then evaluate the patient yourself and adjust the plan as needed. In most situations, this can be done several times each day. For certain patients or types of problems, you may need to limit the students' activity; for others, more independence is appropriate. It is desirable for students to have continuity with patients when possible. This will give students the experience of coordinating the care of a patient. Students may participate in a reasonable amount of call with their preceptor. For specifics, contact the clerkship coordinator and/or director. <https://medicine.missouri.edu/education/medical-education-curriculum/third-year>

As the supervisor, the physician should always be readily available whenever students are providing care for a patient.

Preceptor as Role Model

The medical students who are participating in the Rural Track Clerkship Program are doing so because they are potentially interested in practicing medicine in a rural area. In many ways, you are a role model for the students, helping them see the challenges and rewards of practicing in a rural community. Talk with students about your role in the community, your hobbies, your interests outside of work and what you do and do not like about rural community practice. When possible, invite students to join you at meetings and/or community events. Also discuss how you balance the professional and personal aspects of your life.

Learning in the Clinical Setting

Professional education must prepare students to be self-directed learners and problem solvers. In clinical teaching, the challenge is to be prepared to discuss a diversity of medical problems without knowing what to prepare for prior to the rotation. Clinical teachers must attend to the developing knowledge base, the development of requisite skills, and the appropriate professional attitudes of the medical students. Clinical teaching attempts to provide maximum learning for the students at minimal risk to the patient. The science of medicine is changing rapidly and today's knowledge may be outdated in the near future; thus clinical reasoning skills are more important than the memorization of facts.

In clinical teaching, three obvious factors contribute to the learning situation—the teacher (preceptor), the student, and the patient. A fourth component, often overlooked, is the teaching setting. There are numerous opportunities for students to learn, including outpatient clinics, inpatient service, bedside visits, home visits, case conferences, and rounds. Douglas KC, Hosokawa MC, Lawler FH. (1988) *A practical guide to clinical teaching in medicine*. Springer Publishing Company, pages 7-18.

Approved Time Off from Clinic

Absence requests from clinic responsibilities due to illness or personal reasons must be submitted by the medical student to the appropriate MU department, and notify his/her preceptor about approved time off.

Study Days

It is essential that students develop lifelong learning skills. Please encourage students to read about selected topics relevant to the patients they are seeing and discuss their readings with you. *Students should be encouraged to take two half-days for study each week. This time would ideally be aligned with when the preceptor is out of the office.*

Community Integration Program (CIP)

Students have the opportunity to participate in the CIP while they are in your community. They may choose to attend a community event, volunteer regularly at a local community organization, or develop a service learning project. *If they choose to volunteer regularly at a local organization, they may be released for an average of 1 hour per week or 4 hours per month. If they choose to develop an in depth service learning project in your community, they may be released from clinic duties for an average of four hours per week or 16 hours per month.* For more information about the CIP, click on this link <https://medicine.missouri.edu/education/rural-track-pipeline-program/rural-track-clerkship-program/community-integration-program>

Steps for Obtaining Courtesy Faculty Appointments for Community-based Physicians

When a potential physician is identified as a prospective member of the community-based faculty, the physician must complete and submit an application packet which includes a letter of recommendation from the regional rural track medical director, an updated CV, and a complete biosketch to the MU RTPP office.

The CV must include:

- List of degrees (undergraduate, medical, residency)
- Date(s) and type(s) of board certification
- Date(s) and location(s) of current and past employment and clinical practices
- Faculty appointments with other teaching institutions (if applicable)
- Publications (if applicable)

The biosketch must include:

- Practice characteristics with current practice address, phone number and e-mail
- Teaching experience
- Board certification (organization, year)
- State licensure (Missouri #)

Once the packet is submitted, MU RTPP staff verifies licensure and board certification, and forwards the entire file to the MU RTPP medical director, the appropriate clerkship director and department chair, and the MU School of Medicine dean to review credentials and patient volume and commonly performed procedures to be sure their clinic is an appropriate learning site for an M3. If approved, a welcome letter is sent to the community-based faculty member with the title granted and other relevant information.

Courtesy faculty appointments are reviewed annually by the school of medicine and continuance of appointments are based upon number of students taught, participation in faculty development, and student evaluations. Preceptor credentials are periodically reviewed to comply with Liaison Committee on Medical Education (LCME) accreditation.

Preceptor Benefits

While the role of preceptor has its own rewards as you help shape future physicians, the School of Medicine recognizes the effort you put into teaching. University of Missouri offers some modest benefits to community-based faculty who participate in the MU RTPP.

Identification Cards

A University identification card (ID) may be issued to preceptors after they receive an adjunct faculty appointment, but the MU Faculty ID is created onsite at the Student Bookstore. The Employee Identification Number (listed in the welcome letter) is required as well as a current driver's licensure or photo ID to verify your identity. Lost ID cards should be reported to MU RTPP staff immediately.

University Bookstore

Faculty and staff receive a 10% discount on purchases made at University Bookstore. The bookstore carries a variety of merchandise, including textbooks, trade books, supplies, clothing, gifts and souvenirs. The MU Faculty ID card must be presented in person to receive the discount.

Libraries

All faculty and staff have extended borrowing privileges at any of the University of Missouri's libraries including Ellis Library, MU's main library, or J. Otto Lottes Health Sciences Library. <http://mulibraries.missouri.edu/> To access online resources, community-based faculty will need to set up security questions and a password using the user id provided in the preceptor welcome letter. <http://library.muhealth.org/>

Recreational Facilities, Cultural Events, and Galleries and Museums

In most instances, a University identification card must be presented to receive advertised discounts at recreational facilities, cultural events, and the galleries and museums on campus. More information about campus events and museums can be found on the University of Missouri's visitor page <http://www.missouri.edu/visitors/index.php?lid=aud>

Thank you for your interest in the MU AHEC office and the MU RTPP.

If you have an MU courtesy faculty appointment and you are reviewing the preceptor handbook, we are grateful for your dedication to medical education as community-based faculty. Please contact the MU AHEC office at ruraltrack@health.missouri.edu if you have any questions about the preceptor handbook.