

MU School of Medicine Community-based Faculty Handbook

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Table of Contents

Contents

Table of Contents	1
Welcome	2
Campuses & Rural Clinical Sites	2
Essential Information for Community-based Faculty	2
The Teacher-Learner Relationship	2
Conflict of Interest	3
Family Educational Rights and Privacy Act (FERPA)	3
MU School of Medicine Curriculum	3
The Student Clinical Rotation Assignment Process.....	5
Teaching Medical Students	5
Initial Community-based faculty Responsibilities	5
Learning in the Clinical Setting.....	5
Student Independence & Supervision	6
Community-based faculty as Role Model	6
Lectures and Study Time.....	6
Time Off from Clinic/Absences	6
Evaluation and Feedback	7
Steps for Obtaining Courtesy Faculty Appointments for Community-based Physicians	9
Community-based Faculty Benefits.....	9
Springfield Clinical Campus and Rural Scholars Program Contacts:	11

Welcome

Thank you for your work and dedication in helping the next generation of doctors. As a community-based faculty member 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 community-based faculty handbook is intended as a guide to inform current community-based faculty about expectations associated with their teaching role. [Links to the MU School of Medicine's website](#) 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.

Campuses & Rural Clinical Sites

SOM Campuses

The University of Missouri School of Medicine offers two campuses for clinical training (Columbia and Springfield, MO). Up to 25% of the total class are assigned to the Springfield campus, with the remaining students being assigned to the Columbia campus for [their third and fourth years](#). All medical students will be in Columbia for their first and second years during the [pre-clerkship curriculum](#).

Rural Clinical Training Sites

MU medical students interested in rural medicine may also choose to participate in the Rural Scholars Program. Established in 1995, the [Rural Scholars Program](#) offers medical students interested in rural practice a variety of experiences including lectures, mentoring, and rural clinical experiences at rural training sites across the state. A sub-set of MU School of Medicine students participate in the Rural Scholars Program and will complete multiple clinical experiences at rural sites across the state. Rural Scholars may be located at the Columbia or Springfield campus.

Essential Information for Community-based Faculty

The foundation of the undergraduate medical student curriculum at the University of Missouri School of Medicine is patient-based learning, a style of medical education introduced more than 20 years ago at MU that allows students to work through real clinical cases to foster skills individually and in interdisciplinary teams. With an emphasis on clinical reasoning, self-directed and collaborative learning, and early clinical experiences, the curriculum prepares students to deliver care that improves the health of individuals and communities.

The School of Medicine curriculum is guided by a strong commitment to students and ensuring they have a strong commitment to the patients they serve. You can view the Mission, Vision, and Foundational Values for Medical Education at the links below.

- [Mission Statement](#)
- [Vision Statement](#)
- [Foundation Values](#)

The Teacher-Learner Relationship

MUSOM affirms the view that the teacher-learner relationship should be based on mutual trust, respect, and responsibility and carried out in a professional manner, in a learning environment that places strong focus on education, high quality patient care, and ethical conduct. Our Vision Statement for Medical Education and our Foundation Values support this view.

In the teacher-learner relationship, each party has certain legitimate expectations of the other. We expect that our teachers will provide instruction, guidance, inspiration, and leadership in learning. We expect that our learners will make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Each party can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unflinching honesty.

Students and teachers must recognize the special nature of the teacher-learner relationship, which is in part defined by professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students and teachers must strive to develop their relationships to one another characterized by mutual trust, acceptance, and confidence. They must both recognize the potential for conflict of interest and respect appropriate boundaries.

Conflict of Interest

When a student is assigned to a community-based faculty where a conflict exists, it is the responsibility of all concerned to bring the conflict to the attention of the course or clerkship director and Medical Education, so that an alternative assignment may be made, or action taken that ensures the instructor concerned is not involved in the assessment or promotion of the student with whom a conflict of interest exists. A conflict of interest (COI) includes, but is not limited to current or prior:

- Significant personal or social relationships
- Familial relationships
- Health professional-patient (health/mental health care) relationships
- Assigned role as academic, career, and/or professional advisor
- Direct financial or business relationship (e.g. start-up company)

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act of 1974 is a federal law designed to protect the privacy of educational records; to establish the rights of students to inspect and review their education records; and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. The law applies to any individual who is or has been in attendance at an institution and regarding whom the institution maintains educational records. Educational records contain information that is directly related to a student *and* are maintained by an educational agency or institution, or by a third party acting on the behalf of the agency or institution. FERPA also outlines what educational record information may and may not be shared by the institution, including community-based faculty. It is important to maintain confidentiality in student educational records. If you have questions about what information may or may not be shared, please contact a MU SOM staff person (see staff contacts).

MU School of Medicine Curriculum

Third-year medical students have completed the first two years of medical school, which consists of Basic Science/Patient-Based Learning (PBL) and Introduction to Patient Care (IPC). See [our page on medical education curriculum](#) for more information about years one and two, and [here for more information on medical education curriculum for the third year](#).

Objectives and evaluation expectations, utilized for both onsite *and* community-based clinical rotations, will be provided

by the clerkship director and/or the student coordinator from the appropriate clerkship department. Information for each clerkship can be found on the following websites:

3rd Year Clerkships

[Pediatrics:](#)

During this clerkship, students will use the skills they already have and learn additional skills and techniques that will aid them in the care and evaluation of the pediatric patient. During this rotation, students will have opportunities to provide pediatric care in a variety of clinical environments, which may include inpatient ward services, outpatient primary care & specialty clinics, emergency department, and the newborn nursery. This is an exciting and busy clerkship where we anticipate students will learn a lot about children and their unique medical care.

[Family Medicine:](#)

This seven-week family medicine clerkship for third-year students to prepare for patients of all ages in the ambulatory and inpatient setting, from managing acute health concerns to chronic disease management, to preventive health care. Core learning experiences for the clerkship take place in ambulatory clinic settings, but students also see patients in the hospital. Students work with MU Health Care family physicians for four weeks, and they spend three weeks offsite working with family doctors statewide.

[Internal Medicine:](#)

The Medicine clerkship is a seven-week experience focusing on inpatient and outpatient care of adult patients. Students will complete four weeks of inpatient experience in addition to one week of general medicine outpatient and two weeks of specialty care. Rural Scholars students will have a combination of inpatient and outpatient internal medicine as well, with specialty experiences integrated when available.

[Neurology:](#)

Throughout this clerkship, the student will be provided with the tools necessary to become competent with localization, diagnosis of common neurological disorders, and their management. At the completion of this clerkship, a successful student will have the ability to understand the intricacies of the neurologic patient as it pertains to patient and family centered care. Objectives will be achieved through a variety of instructional methods. Core competencies interwoven throughout medical training will be stressed. These core competencies will include patient care, medical knowledge, practiced based learning and improvement, systems-based practice, professionalism, and interpersonal skills/communication.

[OB/Gyn:](#)

Students will enhance their knowledge, skills, and attitudes about patient-centered care through active participation in direct patient care activities. Students will integrate previously acquired knowledge and concepts and apply them to the care and management of patients.

[Psychiatry:](#)

During the psychiatry clerkship, students will spend time on adult and child inpatient and outpatient psychiatry, consultation and liaison psychiatry and addiction medicine, depending on the campus and rotation assignments. Students will also get some exposure to emergency psychiatry through on-call duty with community-based faculty and residents.

[Surgery:](#)

The Surgery Clerkship is a required surgical rotation of 7 weeks offered to students following completion of the preclinical curriculum. Emphasis is placed upon the evaluation and management of patients with surgical disorders. Students may participate in the Surgery Clerkship at the Columbia or Springfield campuses and as part of the Rural Scholars Program. The first week consists of orientation and simulation. For three weeks, students rotate on a general surgery service. For

three weeks, students rotate on three separate specialty services.

Students participate in the preoperative, operative, and post-operative care of surgical patients in the in-patient, out-patient, and on-call settings. Faculty discussions are presented on a wide variety of surgical topics. Evaluation and grading are consistent with other clinical clerkships. Many activities are standardized, but individual student experiences are quite variable.

[Rural Longitudinal Integrated Clerkship \(LINC\):](#)

The rural longitudinal integrated clerkship (LINC) includes medical students in patient care over time, allowing enduring learning relationships to develop with patients and physician-teachers. Students meet all required core clerkship competencies through interwoven, longitudinal experiences in the clinical training year. In contrast to a block curriculum, students meet and follow their patients across multiple settings of care and different disciplines over several months. Students participate in the continuity care of rural patients across a spectrum of ages and conditions in the outpatient clinic, hospital, operating room, emergency department, and even at home. Students are exposed to the benefits and challenges of providing team-based rural medical care for these unique, diverse, and high-risk populations.

4th Year Selectives and Electives

The fourth year consists of selectives and electives that students choose. [Read more on the curriculum, and view the catalog for a sampling of courses available here.](#)

The Student Clinical Rotation Assignment Process

Community-based faculty will be contacted by a staff member from the Springfield Clinical Campus, Rural Scholars, or Family Medicine prior to each student rotation via email. The email will include a block reminder about assigned student rotation(s). If any problems arise during the rotation, contact a staff member at the appropriate location for guidance.(see staff contacts)

Teaching Medical Students

Every physician's practice offers unique opportunities for medical students to expand their knowledge and skills and develop professional attitudes. Community-based faculty are encouraged to customize students' learning experience using the clerkship objectives as guidelines. The MU clerkship director may contact the community-based faculty during the rotation to see if there are any questions or concerns about curriculum or evaluation, but community-based faculty are encouraged to contact the director if anything arises before, during, or after the clinical rotation.

Initial Community-based faculty Responsibilities

On the first day, review with the student how the student should function. Negotiate appropriate expectations and make sure they are clear, especially regarding how much independence students will have in evaluating patients. It is suggested community-based faculty meet with the student weekly to review the week's activities and to develop a plan for the next week. Rotation lengths vary by clerkship.

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.

Student Independence & Supervision

Increasing amounts of independence should be considered each week as community-based faculty become more familiar with the students. It is important to balance the community-based faculty's need to work efficiently and effectively, the patient's right to see their 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 the community-based faculty. Then, if it is acceptable to the patients, students can do a history and physical examination and discuss findings and tentative plans with you. Community-based faculty can then evaluate the patient themselves and adjust the plan as needed. In most situations, this can be done several times each day.

For certain patients or types of problems, community-based faculty 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 community-based faculty. For specifics, contact the clerkship coordinator and/or director. [Contact information for clerkship coordinators and directors can be found here.](#)

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

Community-based faculty as Role Model

In many ways, community-based faculty are a role model for the students, helping them see the challenges and rewards of practicing in a community. Community-based faculty are encouraged to talk with students about their role in the community, hobbies, interests outside of work, and what they do and do not like about community practice. It is also valuable to discuss how to balance professional and personal lives.

Lectures and Study Time

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. Students may have required lectures or designated study time during a clerkship. It is the responsibility of the student to notify their community-based faculty when these are scheduled and to ensure they are meeting the expectations of the clerkship.

Time Off from Clinic/Absences

M3 and M4 attendance requirements may vary according to the specific policies of each clerkship or elective. Attendance is required at all scheduled sessions and for all scheduled examinations. Absence requests from clinic responsibilities due to illness or personal reasons must be submitted by the medical student using the established process as outlined in the student handbook. It is the responsibility of the student to notify his or her community-based faculty about any approved time off and any absences due to illness or weather. Students will be allowed a maximum of 15 days of excused absences per clinical year. There will be flexibility to consider exceptions on a case-by-case basis for compelling health and personal reasons. Clinical students may be granted a maximum number of excused absences per rotation as follows:

- Four days for a six-week or seven-week rotation
- Three days for a four-week or five-week rotation

- One day for a two-week rotation

Evaluation and Feedback

Faculty Evaluation Expectations

Community-based faculty members will receive complete instructions from the MU clerkship student coordinator prior to when evaluations are due. All community-based faculty are expected to complete evaluations in a timely manner, as this is a requirement of the Liaison Committee on Medical Education (LCME), the accrediting body for the University of Missouri School of Medicine.

MU School of Medicine Clerkship students have requirements to complete a mid-rotation feedback form and session with a faculty member and have faculty directly observe them conducting history and physical exams in specific settings. Community-based faculty may be asked by students to observe them and/or participate in a mid-rotation feedback session.

Faculty Evaluation System

Each clerkship uses a software platform called MedHub to complete and collect faculty evaluations of students. Community-based faculty will receive a user ID and password to access MedHub and complete student evaluations. MedHub can be accessed at musom.medhub.com. If you forget your username or password, please contact your clerkship coordinator or the applicable staff member based on your location (see staff contacts).

Philosophy

Student evaluation is a vital part of any educational process. In medical education, evaluation serves two purposes: to assess student performance and to provide students with information needed to continuously enhance their 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. As adult learners, medical students should be self-directed and strongly motivated to use this feedback to maximize their potential. This requires continuous self-assessment and reflection to ensure 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 that tests 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. Community-based faculty 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 beginning, 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 about what should be changed.
- Focus on one or 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 remember specifics.

Through multiple feedback sessions, the learner gains an understanding of their performance and areas in need of improvement. If both 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 their evaluation.
- Help the learner understand how the evaluation will help them in their learning efforts.

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.

Steps for Obtaining Courtesy Faculty Appointments for Community-based Physicians

If a physician is interested in becoming community-based faculty with MU School of Medicine, the first step will be contacting the appropriate staff member (see staff contacts). Interested faculty will need to complete a vetting process, which includes providing medical practice information, a CV, information to verify state licensure and board certification, and a letter of recommendation initiated by MU SOM.”

Information will be routed for review and approval by the clerkship director, department chair, and the Dean. If approved, a welcome letter is sent to the community-based faculty member with the title granted and other relevant information. Community-based faculty receive a letter at the beginning of each academic year from MU School of Medicine that provides resources to assist in teaching students during the upcoming year and applicable MU SOM policies and curriculum components.

Courtesy faculty appointments are reviewed on an annual basis. Community-based faculty credentials are periodically reviewed to comply with the Liaison Committee on Medical Education (LCME) accreditation.

Community-based Faculty Benefits

While the role of community-based faculty has its own rewards in helping shape future physicians, the School of Medicine recognizes the effort put into teaching, and offers benefits to community-based faculty.

Identification Cards

A university identification card (ID) may be issued to community-based faculty after they receive a a faculty appointment, but the MU Faculty ID is created onsite at the university bookstore, the Mizzou Store. The Employee Identification Number (listed in the welcome letter) is required as well as a current driver’s license or photo ID to verify identity. Lost ID cards should be reported to MU staff immediately.

University Bookstore

Faculty and staff receive a 10% discount on purchases made at the Mizzou Store. 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. To access online resources, community-based faculty will need to set up their University of Missouri User ID as outlined in their community-based faculty welcome letter. The Health Sciences Library online resources may be accessed at <http://library.muhealth.org/>

Teaching Tiger Teachers

This MU School of Medicine initiative is designed to provide community-based faculty with helpful resources as they work with and teach students. [Teaching Tiger Teachers](#) provides short modules on a variety of pedagogical topics, such as providing effective feedback, the one-minute community-based faculty, and teaching procedural skills.

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 the University of Missouri campus in Columbia. More

information about campus events and museums can be found on the University of Missouri's visitor page at <https://missouri.edu/visit>.

CME and Tax Credit Letter

While the University of Missouri School of Medicine is unable to award CME credit to community-based faculty, the school can provide a letter to community-based faculty at the end of each academic year reporting the number of hours spent teaching students. Community-based faculty can then use this letter to submit for CME and/or the [Missouri state community-based faculty tax](#) credit, if desired.

Thank you for your interest in teaching MU SOM students!

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