

PRECEPTOR MANUAL

2015-2016

Family Medicine Preceptorship – FAM:8301

Jill Endres, M.D., M.S., Course Director
Medical Student Education Program
Department of Family Medicine
Carver College of Medicine
The University of Iowa

TABLE OF CONTENTS

| <u>Category</u> | <u>Page</u> |
|-----------------------------------|--------------------|
| Contact Information | 3 |
| Introduction | 3 |
| Expectations of Preceptors | 4 |
| Maintaining eligibility | 4 |
| Supervision | 4 |
| Student documentation | 4 |
| Orientation | 5 |
| Time Expectations | 5 |
| Patient Introduction | 5 |
| Giving Feedback | 6 |
| Evaluating the learner | 7-8 |
| Student Responsibilities | 9 |
| Advance preparation | 9 |
| Time expectations | 9 |
| Professional demeanor | 9 |
| Course requirements | 9 |
| Required reading | 10 |
| Goals and Objectives | 11-15 |
| Patient Targets | 16-17 |
| Protocol | 17 |
| Harassment policy | 18 |
| Blood and body exposure | 19 |
| Pharmaceutical rep contact | 19 |
| Resources Available to Preceptors | 20 |
| Course Forms | 21 |
| Mid rotation review | 22 |
| Clinical evaluation | 23 |

FAMILY MEDICINE MEDICAL EDUCATION STAFF

Our fax number is 319/384-7647.

Jill Endres, MD, MS, Associate Professor is the Director of Family Medicine Medical Student Education. She is the course director for the M3 FM Preceptorship, and for several M4 electives.

353-7175

01293-D, PFP jill-endres@uiowa.edu

Chris Lake, Preceptorship Coordinator coordinates the M3 Preceptorship including site selection and coordination with preceptors as well as all student documentation for this FM Preceptorship: grading, evaluation, and course completion requirements. He also provides coordination for all M4 required and elective rotations, and the MECO program.

384-7517

01293-G, PFP fm-clerkship@uiowa.edu

Mail for all to this address:

Department of Family Medicine
Pomerantz Family Pavilion
200 Hawkins Drive
The University of Iowa
Iowa City, IA 52242

INTRODUCTION

The contribution of the Iowa Family Medicine Preceptors to medical education in family medicine is immeasurable. This rotation is among the most highly rated courses in the College of Medicine curriculum. We are proud that the UI College of Medicine is one of the highest ranking in the nation for the percentage of students entering Family Medicine and has consistently been recognized by the AAFP for this success. We appreciate the energy and enthusiasm of the more than 100 dedicated family physician preceptors across the state of Iowa. Without you, this course would not be possible.

We believe that the strengths of this course are that:

- students are able to select a site which best meets their needs/interests from the 100+ available.
- it offers a one-to-one relationship between a medical student and a practicing family physician.
- the family physician preceptors who participate all volunteer because they love to have medical students in their offices and enjoy teaching.
- it presents an opportunity for the student to participate fully in the practice of family medicine outside the academic medical center.

The medical content of this rotation is defined by the fact students spend the majority of their rotation seeing patients with you in your office. The medical office is the place where most patients have their first contact with the medical system. As a consequence, you will teach students:

- management of common medical problems.
- management of age-appropriate preventive medical care.
- how family physicians decide which patients to refer.
- And finally, you will be able to demonstrate how family physicians balance their personal and professional lives. It is our hope that through this experience the students will gain a greater understanding of and appreciation for the work of a family physician.

EXPECTATIONS FOR PRECEPTORS

MAINTAIN QUALIFICATIONS/ELIGIBILITY FOR PRECEPTING:

- Board certification in Family Medicine
- No pending disciplinary action from the Iowa Board of Medicine
- Practice at least 80% time. (If not at least 80% time, then you may request approval to pair with another family physician in your office to give the student a full rotation experience. Both preceptors must attend the preceptor workshop. We ask that all students be working in the clinic for at least 4 ½ days each week they are with you (excluding the first Monday and last Friday).
- Agree to precept at least 2 students per year
- Attend a preceptor training workshop at least once every 3 years.

SUPERVISION AND TEACHING:

- Meet with the student the first day of the rotation and provide orientation to the clinic.
- Provide an office-oriented, ambulatory patient-care experience with emphasis on diagnosing common problems, delivering preventive health care, and providing continuity of care.
- Assess the student's level of skill and experience. Attempt to match the student's level of patient-care responsibility to the level of student's patient-care skill.
- Review the upcoming day's schedule to identify patients of educational benefit. Students can focus reading activities around those patients. It is not the responsibility of the preceptor to teach the student about every medical problem seen. Students should be expected to read and research topics and bring information back to preceptors for discussion.
- Provide on-site supervision of the student at all times. Medical students should never be involved in the actual or apparent practice of medicine without this on-site direction.
- Supervision by multiple preceptors - The majority of student time in this rotation should be spent with one (or possibly two, if pre-arranged) preceptors.
- Supervision by family members - Students may not complete their M3 Family Medicine Preceptorship under the supervision of an immediate relative or in the same office with a relative, including a parent, grandparent, sibling, aunt or uncle, cousin or in-laws.
- Contact Jill Endres, course director, promptly if there are concerns about student performance or other issues of concern. Contact information is inside first page of manual.

STUDENT DOCUMENTATION

In 1996, the Health Care Financing Administration (HCFA) developed guidelines for teaching physicians' medical record documentation of Medicare reimbursement patients. The University of Iowa Compliance Committee has studied the guidelines and recommended that the guidelines be applied to all patient visits, to avoid creating different standards of care and documentation between patients. Our current understanding of the guidelines is that:

- Medical student notes may not be used to support a billable service.
- The teaching physician may refer to the medical student note for: past medical, family, and social history, as well as the review of systems.
- The teaching physician responsible for the patient must document personal involvement in a personally dictated or hand-written note that includes all of the relevant key information necessary for billing.

This does not mean the student cannot write/dictate a note. However, it does mean that you also need to separately document the HPI, physical exam, assessment, and plan.

Medical student notes are a very important part of their training. Please ensure that students are writing notes and receiving feedback about them. Most EMR companies will give temporary authorization to medical students and should do so for no additional charge. Please don't give students your EMR login.

ORIENTATION

Please ensure that each student has an appropriate orientation to the site and is introduced to staff. Try not to assume they know what they are doing.

Topics to cover during orientation;

| Topics | Details |
|-----------------------------|---|
| Introduction | Preceptor Staff |
| Goals and Objectives | Syllabus review Review of student specific goals |
| Time Expectations | Hours/schedule, including breaks |
| Logistic | Parking Personal item storage Restroom/break room location Dress code Tour of facility |
| Introduction to work area | Review of clinic layout and workflow Computer system and expectations Phone system and expectations Paper documentation system |
| Legal and regulatory issues | Patient Confidentiality and HIPAA Patient documentation |

TIME EXPECTATIONS

Students are expected to work when you work. If you are not in the clinic for at least 4 ½ days a week please arrange for the student to work with a partner. Students should also be included in the following professional activities;

- ER/OB/Hospitalist coverage
- House Calls
- Nursing home visits
- Professional meetings (if appropriate)

The rotation is 4 weeks long. Students are on campus the first Monday and last Friday of the block for an education day.

PATIENT INTRODUCTION

Past experience shows that most patients do not object to the properly introduced medical student. The student should be introduced as a “medical student.” Students have name tags with medical student beneath their name so there should be no confusion as to their level of training. When a patient objects to the presence of a medical student and no other clinical opportunities are available at that time, have the student read or work on course objectives.

SETTING EXPECTATIONS

Setting expectations at the beginning of the rotation can set the tone for the whole experience. Sitting down to review expectations and goals on the first day is ideal. Also continuing to revisit expectations with specific feedback on the student's performance aids in their performance.

FEEDBACK

Providing feedback is a key responsibility of precepting. A mid-rotation review is a formal way to give the student feedback on his/her performance at the two week point. That form will be sent with each student. Outside of the form, students should be receiving specific and measurable feedback ideally in real time after patient encounters.

Effective Feedback: ASK-TELL-ASK

Ask

- Ask the trainee to assess his/her own performance
- What went well? What areas need improvement?

Tell

- Share your impression of positive behaviors and areas of concern
- Provide suggestions for problem solving

Ask

- Ask the trainee to develop a specific plan for improvement
- How can we improve?

Behavior Specific Descriptions

Describe the exact behaviors you see the learner engaging in and outcomes: Ex *"You jumped back and forth between presenting the HPI, PMH and PE findings and it was difficult to follow."*

Avoid making general or categorical statements about behavior. Ex: *"Great job with that patient."* Or *"your presentation skills are bad."*

| | |
|---|---|
| <p>WHEN to give Feedback</p> <p>Make feedback part of the routine</p> <ul style="list-style-type: none">• Establish goals• Let the individual know expectations• That they will be receiving feedback <p>Give feedback in a timely manner</p> <ul style="list-style-type: none">• As soon after the event as possible• Allow time for discussion <p>Give feedback in an appropriate setting</p> <ul style="list-style-type: none">• In a private and uninterrupted space• Away from patients and staff <p>Follow-up on improvement resulting from feedback</p> <ul style="list-style-type: none">• Recognize successful attempts• Be supportive | <p>HOW to give Feedback</p> <p>Focus feedback on:</p> <ul style="list-style-type: none">• specific behavior rather than the person or inference about the person• description rather than judgment• effectiveness of observed behaviors in relation to desired outcome• balancing discussion of effective and ineffective behaviors• limited amount of information the learner can use• exploration of alternatives rather than answers or solutions |
|---|---|

EVALUATING THE LEARNER

There are 3 components to the Family Medicine Preceptorship grade:

| | <u>% of grade:</u> | |
|--|--------------------|-----|
| Clinical score (assigned by the preceptor) | = | 40% |
| Performance Based Assessment | = | 25% |
| Exam score | = | 35% |

Each quarter, the students' total weighted scores will be listed in rank order. Approximately the top 30% ranking students for that quarter will receive Honors or Near Honors.

Clinical scores are assigned by the preceptor, with a standardized form, which is used in all required clinical rotations of the College of Medicine. You are asked to evaluate 10 aspects of the student's clinical performance. *Please discuss your evaluation with the student and give the student a copy.*

Performance Based Assessment (PBA) prepares students for USMLE exams. The PBA also provides another method of evaluating student clinical skills, in addition to the preceptor evaluation, and provides effective comparisons of students.

The **Exam** is given on-campus quarterly. The exam consists of multiple choice questions. The exam covers assigned chapters and readings.

GUIDELINES FOR CLINICAL EVALUATION

Clinical scores are assigned by the preceptor, using a standard form which is used in all required clinical rotations.

Because of the importance of these evaluations, fairness and consistency in ratings between preceptors is very important. Score inflation for some students may have negative effects on other comparably performing students. We ask you to keep the following in mind as you evaluate this student:

- **Clinical scores count for 40% of the total grade.** See below if you would like more details about grade calculation.
- **Evaluate 10 aspects of the student's clinical performance compared to other third year students, using this scale:**
Does not meet expectations = 1 ← (compared to other third year students) → 5 = Far exceeds expectations
- **Use the Outstanding (5) ratings judiciously,** reserving them for the *truly superior* performances. Please write comments to support any 5 ratings you give; certainly for an evaluation of mostly 5's.
- **Please write as many and/or as detailed comments as you can,** or you may write a letter to Dr. Endres, with comments about student performance. Comments provide useful, specific information that is helpful to the students and are often used verbatim in the Dean's Letter. (See the reverse of this page, "Tips for Writing Useful Comments".)
- **Compare students only to other medical students in the third year** at the approximate same time in the year. If you have not had much experience with other students, use your best judgment. *Please do not compare 3rd year students with 4th year students, residents, or practicing physicians.*
- **Discuss your evaluation with the student and give the student a copy** before they leave the preceptorship. They are eager for useful feedback about their performance, especially from their preceptors.
- **If a student earns a composite score below 30,** Dr. Endres will ask to meet with the student to discuss clinical performance.

Suggested clinical rating guidelines:

| | |
|-----------------------|---|
| Total Clinical Score: | |
| 50 | The best student I can remember – there is virtually nothing that can be improved. Performing far above the level of the top of all 3 rd year students at the same time of the year. A detailed written justification is appropriate. (all 5's) |
| 48-49 | This is an excellent and nearly perfect student – there is almost nothing you can suggest to them to improve, mostly 5's. Outstanding performance. (mostly 5's) |
| 46-47 | This is a very good student. (more than half 5's) |
| 41-45 | A good student. (mostly 4's and 5's) |
| 30 - 40 | A solid and competent student. (all 3's to all 4's) |
| Below 30 | A deficient student – less than all 3's. Write detailed comments about needed improvements and contact the course director. |

TIPS FOR WRITING COMMENTS

| TIP: | EXAMPLE OF COMMENT(S): |
|--|---|
| Be as specific and detailed as possible. | "The three greatest strengths Mary had were her ability to help patients feel comfortable, her care in follow-up of patient recommendations and ..." |
| Use actual observations in your comments. | "I was delighted to see how quickly Ahmad learned patients' names and remembered them." |
| Link your comments to student goals | "Joe completely met his goal of becoming proficient at basic suturing techniques." |
| Avoid non-specific glowing praise | "Pam was particularly mature. She consistently ..." |
| Use clear standards of comparison. | "Compared to other third year students I have worked with..." or "Better than most fourth year students..." or "This student compares favorably with..." |
| Include specific feedback from other staff. | "Our nurses appreciated the way ..." or "Patients frequently commented that..." |
| Constructive and helpful. | "Tracy's suturing skills would improve if she made sure to keep the needle perpendicular to the skin." |
| Present comments in non-judgmental language. | <i>Instead of</i> "Jack was lazy." <i>Write</i> "Jack would benefit from showing more enthusiasm when tasked with a job." |
| When your feedback is subjective, identify it as such. | "It is my opinion that...", "I believe that ...", "It appeared that..." |
| Write comments to explain if you assign very high or very low numerical ratings. | "I rated Jack so low because...", "The consistent fives I gave...", "Fred was outstanding overall because of his..." |
| Be careful with use of certain words. | <i>instead of:</i> "I liked to see how aggressive Marl was in dealing with patients," <i>write:</i> "I liked to see how assertive Mark was in dealing with patients." |
| Provide information that gives an indication of the student's medical abilities and potential. | "Tony's strong knowledge of the physiology of lung function will serve him well. And he quickly grasped complex issues related to interrelationships between ..." |
| Focus on characteristics that would be of interests to future residency programs. | "Kwan worked smoothly with the PA in our office and received many positive comments from the ER staff." |

STUDENT RESPONSIBILITIES

ADVANCE PREPARATION AND PLANNING

- Contact site before start date to arrange arrival, housing etc.
- Establish well-formulated and appropriate learning goals and communicate them to your preceptor.

TIME EXPECTATIONS AND RESPONSIBILITIES:

- All students are expected to be on-site to begin the rotation by Tuesday mid-morning.
- Notify preceptor of arrival will be delayed due to weather or other circumstances.
- Notify preceptor if absent due to illness.
- Expected to *actively* participate at the preceptorship site for the entire four weeks, except for the 2 Education Days (first Monday, last Friday) on-campus.
- Participate fully in your preceptor's professional life, including clinic hours, and also meetings, clinics, rounds, nursing home visits, house calls, emergencies, and staff functions as they arise. You should keep the hours that your preceptor keeps, including morning rounds, call times and all other professional duties.
- If the preceptor has the day off, it is expected that you will work with a partner or other healthcare professional in the practice.

PROFESSIONAL ROLE AND DEMEANOR:

- Do not accept or volunteer to engage in any activity that may be construed as the actual practice of medicine without the on-site presence and direction of the preceptor.
- Wear your medical student ID badge at all times.
- Conduct yourself at all times with the honesty and professionalism consistent with the dignity and reputation of the practice of medicine.
- Always observe patient confidentiality.
- You are expected to use good judgment by dressing in appropriate professional clothing similar to that of your preceptor and the clinic staff.
- Always treat all members of the health care team with friendliness, respect, courtesy and appreciation.

COURSE REQUIREMENTS:

- **Mid-rotation review** – at the end of the 2nd week, it is required the student and preceptor review the following items;
 1. Mid-rotation feedback – This provides an opportunity to get feedback about your performance from your preceptor. You and your preceptor may do this informally, or may use the mid-rotation form provided.
 2. PxDx Checklist – Determine which of the patient targets have not yet been met and make a plan to complete them.
- Complete and pass the Family Medicine written exam which is given at the end of each 12- week block.
- At the end of the rotation, complete (PxDx) requirements, Preceptorship Learned Skills, and the course evaluation forms, which are available online.

REQUIRED READING

The following material is required for this course and may be covered on the final exam.

- **Selected chapters from *Essentials of Family Medicine*, Sloane, Slatt, et al, eds., 6th Edition, 2012, as listed below.** The *Essentials* text is widely used in third-year family medicine courses across the country. *Please view this text as an introductory, overview type of text.* The text will be loaned to you for the block and must be returned at the final exam.

| Chapter | Title |
|---------|--|
| 4 | Prenatal Care |
| 5 | Well Child and Adolescent Care |
| 6 | Well Adult Care |
| 9 | Chest Pain |
| 10 | Common Chronic Cardiac Conditions |
| 11 | Hypertension |
| 13 | Diabetes |
| 14 | Thyroid Disorders |
| 15 | Nutrition and Weight Management |
| 18 | Sore Throat |
| 19 | Abdominal Pain |
| 21 | Dyspepsia |
| 24 | Palliative and End-of-Life Care |
| 25 | Breast Problems |
| 27 | Dysuria |
| 28 | Menstrual Syndromes |
| 29 | Promoting Health for Women at Menopause |
| 30 | Men's Health Concerns |
| 33 | Vaginitis |
| 34 | Ankle and Knee Pain |
| 35 | Arthritis and Rheumatic Diseases |
| 36 | Low Back Pain |
| 23 | Cognitive Impairment |
| 42 | Dizziness |
| 43 | Fatigue |
| 45 | Headache |
| 48 | Anxiety |
| 50 | Depression |
| 51 | Allergies |
| 52 | Asthma |
| 53 | Acute Respiratory Infections in Adults |
| 54 | Acute Respiratory Infections in Children |
| 55 | Chronic Obstructive Pulmonary Disease |

- **All readings assigned for APM Education Days.**
- **The APM weekly cases during CBPCC:**
 - Hypertension/Hyperlipidemia
 - Anemia/Substance Abuse
 - Thyroid Disorder/Domestic Violence
- **The four cases assigned to Family Medicine Preceptorship students during the FM rotation.** Students will be responsible for discussing the material in these cases with their preceptors. The readings assigned for these cases will be covered on the FM final exam. Cases will be distributed during the FM Preceptorship Orientation. The cases are:
 - Headache
 - Acute Respiratory Infection
 - Dysuria
 - Chest Pain

GOALS AND OBJECTIVES

Goal: Recognizing the key principles of Family Medicine, the Family Medicine Preceptorship will provide third year medical students with a positive experience in a community family medicine office, which will give them an opportunity to:

1. Experience continuity of patient care in a community setting.
2. Participate in care for families.
3. Strengthen their patient communications skills and interact positively with patients.
4. Participate in management, delivery and coordination of patient care with emphasis on problems commonly seen in the family medicine office.
5. Participate in promotion of healthy lifestyles and illness prevention through wellness, patient education and counseling of physical and mental health issues across the lifespan.
6. Participate in attending to the emotional as well as physical health needs of the patient and family.
7. Learn how to become an effective member of an interdisciplinary health care team.

COURSE OBJECTIVES and LEARNING ACTIVITIES/EXPERIENCES:

| KEY PRINCIPLES OF FAMILY MEDICINE: | OBJECTIVES: | LEARNING ACTIVITIES TO ACHIEVE OBJECTIVES: | <i>Patient Target Goals.**</i> |
|--|---|---|---|
| <i>Continuity of life span patient care in a community setting</i> | 1. Continuity of life span patient care in a community setting: | | |
| | <ul style="list-style-type: none"> ♦ Describe the characteristics of continuing family medicine primary care and identify how it is different from patient care in a tertiary setting. | <ul style="list-style-type: none"> ♦ Participate in continuing care of patients. | <p><u>Continuity of care:</u></p> <p><input type="checkbox"/> At least one patient will be contacted more than one time in the four weeks. (Ideally, this is a follow-up visit, but it could instead be a follow-up phone call, initiated either by the patient or the student.)</p> |
| | <ul style="list-style-type: none"> ♦ Describe the integration of medical care by family physicians into the community setting. | <ul style="list-style-type: none"> ♦ Participate in the community aspects of the preceptor's professional and personal life. | <p><u>Community integration:</u></p> <p>No numerical patient goals. <i>Although this is not a patient numerical goal, because family physicians are an integral part of the communities in which they practice, students are very strongly encouraged to have community experiences during their rotation. Some examples are:</i></p> <ul style="list-style-type: none"> – Participation in a medically related activity such as assisting the preceptor as a local school team physician – Observing preceptor in their role as county medical examiner, or other comparable community position. – Attending one community such as county board of health, school board, hospital board, or a school or community event. – Participating in a community health event such as a flu shot clinic, or health screening activity, health fair, health career fair. – Working with the preceptor at a local free clinic or other clinic for underserved patients such as elderly flu shot clinic. – Residing in the community during the rotation for those |

| | | | |
|---|---|---|---|
| | | | <i>students selecting sites outside Iowa City commuting distance.</i> |
| <i>Care for families</i> | 2. Care of families | | |
| | <ul style="list-style-type: none"> Identify the medical advantages in terms of communications and health care related to caring for a family | <ul style="list-style-type: none"> Participate actively in health care of families. | <u>Care for families:</u> <input type="checkbox"/> Care for at least two members of one family during the rotation OR <input type="checkbox"/> Work with several members of the same family on the care of one patient. |
| <i>Positive communications and interaction practices with patients and their families</i> | 3. Communications and interactions with patients and their families | | |
| | <ul style="list-style-type: none"> Greet patients in a warm and welcoming manner and introduce themselves Elicit patient concerns and complaints and relevant history. Demonstrate good listening skills. Practice appropriate patient confidentiality. Provide appropriate care which accommodates patient diversity. | <p>With all patients:</p> <ul style="list-style-type: none"> Practice greeting patient, introducing self, and eliciting complaints. Practice good listening skills. Practice patient confidentiality in all patient encounters. Provide care for patients which is appropriate to accommodate their cultural diversity. | <u>Good communications:</u> No numerical patient goals – good patient communications procedures should be practiced with ALL patients seen. |
| <i>Management, delivery and coordination of patient care</i> | 4. Management, delivery and coordination of patient care with emphasis on problems commonly seen in the family medicine office: | | |
| | <ul style="list-style-type: none"> Take a focused history, Perform a focused physical exam, Discuss history and physical exam findings with the preceptor, and come to a decision about management. Dictate SOAP notes, | <ul style="list-style-type: none"> Complete required readings addressing many common conditions. Practice history and exam skills on each patient seen. Discuss history and physical exam findings and management plan with preceptor. Dictate notes for patient medical record in SOAP format. Conduct appropriate follow | <u>Management, delivery and coordination of patient care:</u> No numerical patient goals – principles of management and coordination should be practiced with ALL patients seen. |

| | | | |
|--|---|--|--|
| | <ul style="list-style-type: none"> Plan appropriate follow up on patient care. | <p>up activities.</p> | |
| | <ul style="list-style-type: none"> Describe common conditions most often seen in family physician office. Recognize common conditions when presented in office. Describe steps to be taken for patient care of common conditions frequently seen in family medicine. | <ul style="list-style-type: none"> Participate actively in care and management of patients presenting with common acute or chronic conditions | <p><u>Management of common medical conditions:</u> For the following chronic or acute conditions/reasons for visits/diagnoses, student actions would include diagnosis (where not already diagnosed), management, including: formulation or review of treatment plan, appropriate use of diagnostic or monitoring tests, schedule for follow-up, appropriate counseling and/or patient education, appropriate medication review and prescriptions... During the 4 weeks, see at least one patient in <u>each</u> category listed with <input type="checkbox"/>: <u>Chronic conditions or diseases diagnosis or follow-up check:</u> <input type="checkbox"/> hypertension <input type="checkbox"/> hyperlipidemia <input type="checkbox"/> low back pain <input type="checkbox"/> life stressors <input type="checkbox"/> diabetes <input type="checkbox"/> asthma or COPD <input type="checkbox"/> osteoarthritis <u>Acute or chronic conditions or diseases – diagnosis or follow-up:</u> <input type="checkbox"/> headache <input type="checkbox"/> dyspepsia/GE reflux/GI complaints <input type="checkbox"/> abdominal or pelvic pain <u>Acute:</u> <input type="checkbox"/> otitis media <input type="checkbox"/> musculoskeletal (back, knee, shoulder, ankle, neck, or other) complaint <input type="checkbox"/> dermatitis or rash <input type="checkbox"/> URI <input type="checkbox"/> UTI <input type="checkbox"/> bronchitis <input type="checkbox"/> sinusitis/ sinus problems <input type="checkbox"/> pharyngitis</p> |
| | <ul style="list-style-type: none"> Describe routine accepted process for well-patient check-ups | <ul style="list-style-type: none"> Participate actively in care of patients of all ages for well patient check-ups. | <p><u>Well patient visits:</u> During the 4 weeks, see at least one patient for a well patient visit in <u>each</u> category listed with <input type="checkbox"/>: <input type="checkbox"/> well child visit, 0 – 12 yrs <input type="checkbox"/> well adolescent/ young adult visit <input type="checkbox"/> well adult visit, 40 or over</p> |
| | <ul style="list-style-type: none"> Describe or demonstrate skill in procedures commonly utilized in family medicine. | <ul style="list-style-type: none"> Observe, learn and practice common family medicine procedures | <p><u>Common procedures:</u> During the 4 weeks, see at least one patient in <u>each</u> category listed with <input type="checkbox"/>: <input type="checkbox"/> pelvic/pap- may be part of a regular well adult exam</p> |

| | | | |
|---|---|--|--|
| | | | <input type="checkbox"/> breast exam - may be part of a regular well adult exam <input type="checkbox"/> testicular exam - may be part of a regular well adult exam <input type="checkbox"/> prostate exam - may be part of a regular well adult exam <input type="checkbox"/> biopsy <u>or</u> laceration or wound repair |
| <i>Promotion of healthy lifestyles and illness prevention through wellness, patient education and counseling of physical and mental health.</i> | 5. Promotion of healthy lifestyles and illness prevention through wellness, patient education and counseling of physical and mental health. <ul style="list-style-type: none"> Describe key information about health maintenance and prevention. | <ul style="list-style-type: none"> Complete required readings addressing health maintenance practices. Practice providing patients with health maintenance/health promotion information Explore patient education system of preceptor's office including any 'library' of handouts and access to computer information Complete required readings addressing health maintenance and prevention. | NA |
| | <ul style="list-style-type: none"> Demonstrate appropriate counseling and patient education activities. | <ul style="list-style-type: none"> Provide information to patients about common acute or chronic conditions. Provide counseling or patient education for medication use. Provide counseling or patient education for parents about normal childhood growth and development. Discuss with patients recommendations for health prevention/maintenance in common areas of concern such as smoking cessation or obesity. | <u>Counseling and patient education:</u> <input type="checkbox"/> } Counseling and/or patient education about a common acute or chronic condition – two times minimum <input type="checkbox"/> } see at least one patient in <u>each</u> category: <input type="checkbox"/> Counseling and patient education about medication use and side effects <input type="checkbox"/> Counseling and/or patient education for parents about a child patient's normal growth and development <input type="checkbox"/> Counseling and/or patient education about weight loss <input type="checkbox"/> Counseling and/or patient education about smoking cessation |
| <i>Attending to the emotional as well as physical health needs of the patient and family</i> | 6. Attending to the emotional as well as physical health needs of the patient and family: <ul style="list-style-type: none"> Describe the importance of patient mental as well as physical health. Describe the interrelation of physical and mental health issues. Describe how to locate and utilize community mental health and social service resources. Describe how to | <ul style="list-style-type: none"> Observe patient and family counseling by preceptor. Observe referral by family physician of patients to community mental health and social service resources. Complete required readings addressing depression. | No numerical patient goals – observe relevant patients. |

| | | | |
|--|--|--|---|
| | recognize signs of possible depression and refer appropriately. | | |
| | | <ul style="list-style-type: none"> ♦ Participate in patient counseling and referral as deemed appropriate by preceptor. | <i>Patient mental health:</i> See at least one patient with: <input type="checkbox"/> Depression, anxiety, or other mental health diagnosis or life stressors |
| <i>Participation in and respect for all members of the health care team.</i> | 7. Participation in interdisciplinary health team: | | |
| | Roles of health care team members: | | |
| | <ul style="list-style-type: none"> ♦ Describe the role of the family physician in the interdisciplinary health team. ♦ Describe the roles of the other members of the interdisciplinary health team. | <ul style="list-style-type: none"> ♦ Observe the roles and interactions of the physician and members of the health team. ♦ Work with all members of the health care team. | NA |
| | Referrals and consultations with other physicians: | | |
| | <ul style="list-style-type: none"> ♦ Describe the differences between a referral and a consultation. | <ul style="list-style-type: none"> ♦ Observe and discuss with the preceptor the process for determining when a referral or a consultation is appropriate. ♦ Observe the process of arranging referrals and consultations. ♦ Observe how family physicians obtain feedback after referrals and consultations for their patients. ♦ Observe how communication occurs between consulting/referring MD and specialist. | <u>Referral or consultations</u> No numerical patient goals – participate in or observe situations of referral or consultation as the key contact with the other physician(s) or program(s) involved whenever feasible to do so. |
| | Office management: | | |
| | <ul style="list-style-type: none"> ♦ Describe office management practices that they have observed. | <ul style="list-style-type: none"> ♦ Observe and ask questions about office management in the preceptor's office. | NA |

Supplemental goals for this course - students will:

- Develop a relationship with a practicing family physician through working with one physician full-time for the entire rotation.
- Have an opportunity to explore their potential interest in a career in family medicine.
- See the professional and personal life of a family physician.

PATIENT TARGETS (PxDX)

High ↑ FULL participation: complete history and physical exam, clinical reasoning and formulation of diagnostic/management plan.
 Low ↓ PARTIAL participation: complete history and/or physical without participation in management plan.
 OBSERVE: observation without active participation in care.

| |
|--|
| <u>A. PATIENT CARE</u> |
| <u>Chronic conditions or diseases diagnosis or follow-up check –</u> |
| hypertension |
| hyperlipidemia |
| low back pain |
| life stressors |
| diabetes |
| asthma or COPD |
| osteoarthritis |
| <u>Acute or chronic conditions or diseases – diagnosis or follow-up:</u> |
| headache |
| dyspepsia/GE reflux/GI complaints |
| abdominal or pelvic pain |
| <u>Acute conditions:</u> |
| otitis media |
| musculoskeletal (back, knee, shoulder, ankle, neck, or other) complaint |
| dermatitis or rash |
| UTI |
| upper respiratory illness (URI, bronchitis, sinusitis or other) |
| <u>Well patient visits:</u> |
| well child visit, 0 – 12 yrs |
| well adolescent / young adult visit |
| well adult visit, 40 –or over |
| <u>Common family medicine procedures:</u> |
| pelvic/pap exam |
| breast exam |
| testicular exam |
| prostate exam |
| biopsy <u>or</u> laceration or wound repair |
| <u>B. PATIENT COUNSELING, EDUCATION AND HEALTH PROMOTION ACTIVITIES</u> Promotion of healthy lifestyles/illness prevention: patient education and counseling of physical and mental health. |
| Counseling and/or patient education about one common acute or chronic condition two times minimum |
| Counseling and/or patient education about one common acute or chronic condition |
| Counseling and patient education for patient about medication use and side effects |
| Counseling and/or patient education for parents about a child patient’s normal growth and development |
| Counseling and/or patient education about weight loss |
| Counseling and/or patient education about smoking cessation |

Students are expected have an opportunity to provide care and management of at least one patient in each of the above categories. It is absolutely acceptable to count the same patient in more than one category above.

We ask you to assist students to meet these goals as requirement of the UI Carver College of Medicine and the LCME (the licensing agency for all US allopathic medical schools). The requirement is that any student who does not meet our target patient goals, based on course objectives, must perform remediation of those targets in order to pass the clerkship.

ASSIST STUDENTS WITH MEETING GOALS

- At the mid-point of the rotation the student and the preceptor will complete a checklist as part of the mid-rotation evaluation system already in place. The purpose is to help the student and preceptor to review which requirements have yet to be met.
- At the end of each rotation, the student will submit the checklist to the clerkship director.
- Students who report they did not complete any activity at least at the “Observe” level will be required to complete a remediation activity to pass the course.

PROTOCOL

POLICY ON STUDENT HARASSMENT OR ABUSE

Introduction and Background:

The LCME (Liaison Committee on Medical Education), the organization with the responsibility for accrediting all US medical schools, at its meeting on April 7, 1999, adopted the following standard on medical student abuse:

“Each medical school or its parent university should define the standards of conduct in the teacher-learner relationship. Schools should develop and widely promulgate written procedures that allow medical students to report violations of these standards--such as incidents of harassment or abuse--without fear of retaliation. The procedures also should specify mechanisms for the prompt handling of such complaints, and for the educational methods aimed at preventing student mistreatment.”

The University of Iowa College of Medicine has defined appropriate standards of conduct in the teacher-learner relationship:

"Harassment" means intentional conduct directed toward an identifiable person or persons that is sufficiently severe, pervasive, or persistent that it interferes with work, educational performance, on-campus living, or participation in a University activity on or off campus."

Family Medicine Preceptorship Statement:

The existence and communication of the following policy in no way implies a distrust or lack of faith in the high professional standards of our preceptors and faculty. We recognize their personal integrity and professional commitment.

This policy is intended to communicate our position on matters of student harassment as well as our recognition that there must be a mechanism in place and communicated to all participants to provide a solution when needed, however rarely. We also recognize that no group is immune to the human errors and possible lapses in judgment which may potentially lead to unfortunate situations.

Family Medicine Student Education Program Student Harassment Policy:

1. Student abuse or harassment by any member of the Family Medicinal Education team, including both UI faculty and staff and community preceptors, is unacceptable and will not be tolerated.
2. Students will be given this information about the procedure for dealing with student complaints about harassment and abuse (in this syllabus).
3. A written form (below) will also be made available for students to use if they wish to submit their complaint in writing.
4. Preceptors will be given this information as well, both in preceptor training and via the preceptor manual.
5. The complaint procedure is as follows:
 - Students may submit a complaint either in writing, using the form below, in person, or by telephone, to any member of the Medical Student Education faculty or staff or to department of Family Medicine Department Head, Paul James, M.D. Students have many options concerning to whom they submit a complaint. They may also submit a complaint to a member of the staff of the Office of Student Affairs and Curriculum, the Dean of the College of Medicine, the Provost of the University of Iowa, or the UI Office of Affirmative Action.
 - Students may submit a complaint without fear of retaliation.
 - This complaint will be reviewed at the earliest possible time by the Director of Medical Student Education.
 - The Director will immediately attempt to schedule a meeting with the student in order to gain more information about the concern if the complaint was not submitted in person.
 - If appropriate, the Director will interview other students, the staff or preceptor involved to gain their perspectives.
 - The Director will help the student to decide what course of action is appropriate and to consider filing a formal complaint with the appropriate office, depending upon the nature of the complaint. The Director will assist the student in preparing a written summary of their complaint at this time if this has not already been done.
 - The Director will also prepare a written summary of the event.

- - - - -

Student Abuse or Harassment Report Form

Name of student _____ Phone: _____

Date(s) of incident(s) _____ Site/location of incident(s)

Name(s) of individual(s) involved:

Brief description of incidents(s) or concern(s):

BLOOD AND BODY FLUID EXPOSURE

Students are reminded that the College of Medicine protocol for reporting blood and body fluid exposure is in place even when they are on off-campus preceptorship, including their Family Medicine Preceptorship. That policy, as stated on the laminated cards all students receive is:

- Clean wound thoroughly
- Identify source (patient)
- Inform supervisor – *on the Family Practice Preceptorship rotation, this is your preceptor (and you should also notify the course director, Dr. Endres.)*
- Call the Student Health Service (SHS) Nurse Manager at 319/335-8392. If the SHS is closed, call the UIHC ETC at 319/356-2233 and ask to speak to a staff physician.
- Fill out a Blood and Body Fluid report
- Obtain medical care as advised
- Accept responsibility for follow-up
- Information you will need to know to report:
 - Your social security #
 - Name and phone # of your supervisor – *your preceptor*
 - Nearest fax # *when off campus*
 - Information on the incident
- website address is http://studenthealth.uiowa.edu/sites/default/files/uploads/Blood_and_Body_Fluid_Exposure/Health_Science_Student_BBFE.pdf

CONTACT WITH PHARMACEUTICAL REPRESENTATIVES

Policies and practices in individual preceptor's offices vary greatly regarding contacts with pharmaceutical representatives. The UIHC has a strict policy about pharmaceutical industry-sponsored events. Student views on pharmaceutical personnel interactions and events also cover a wide range. It is possible that a student's views and those of the preceptor/practice may differ significantly. Students should not ever feel, or be, compelled to interact with pharmaceutical personnel or participate in pharmaceutical industry-sponsored events. Students with concerns are encouraged to make those concerns known to their preceptors. If they do not feel comfortable doing so, or if their concerns are not adequately addressed, students should contact Course Director, Dr. Endres.

RESOURCES AVAILABLE TO PRECEPTORS

CLINICAL ADJUNCT APPOINTMENT

This faculty level medical college appointment is available for preceptors who qualify, based upon amount of teaching, and who agree to be continually active in the preceptorship program. Certain faculty privileges are accorded, including access to various on-line medical resources. If you are interested in an appointment, contact Laina Edwards for details about current qualifications and information on how to apply.

HARDIN LIBRARY RESOURCES

The Health Sciences Library at the University of Iowa has extensive holdings in the areas of medicine, nursing, dentistry and pharmacy. The library subscribes to over 2,700 journals in these fields, and others are available through Interlibrary loan. Reference librarians are on hand at the Health Sciences Library to assist in the use of these materials, to answer reference questions, and to help with search strategies (phone 319-335-9151). Computer searches of the medical literature (Medline) can be made by appointment. Material of relevance to Family Medicine, especially in the areas of behavioral science, psychology and sociology, is also found in other libraries in the university system, such as the Main Library and the Psychology Library.

CONTINUING EDUCATION RESOURCES

Instructors holding Clinical Assistant Professor appointments in the University of Iowa College of Medicine may be able to attend some CME courses offered by the College of Medicine at reduced or no charge for registration. The Office of Continuing Medical Education, 124 CMAB, (319) 335-8597, must be advised of your faculty status at the time of advance registration. You will be billed for meals and the cost of any course materials.

TEACHING CREDIT

The teaching of medical students qualifies for CME credit. Teaching as a preceptor is acceptable for personal interest (elective) credit from the American Academy of Family Physicians (AAFP). Check with the IAFP office for more information.

COURSE FORMS

INFORMATION ABOUT THE AMBULATORY PRACTICE MODULE Educational Days

The Educational Days will be held the first Monday and last Friday of each 4-week rotation in the 12-week block.

| | | |
|-----------------------------|--------------|---|
| 1 st 4 Weeks | Monday/Day 1 | Orientation |
| | | Geriatrics – Functional Assessment |
| | | Evidence Based Medicine (EBM) Introduction Lecture |
| | | Wound Management (Suturing) |
| | Friday/Day 2 | Obesity |
| | | Nutrition |
| | | Food as Medicine Fair |
| | | Goals of Care |
| Critical Analysis-Diagnosis | | |
| 2 nd 4 Weeks | Monday/Day 3 | Geriatrics – Functional Assessment; Geriatric Syndromes |
| | | Adolescent Medicine |
| | | Critical Analysis-Best Therapy |
| | | Gender-Specific Health Issues |
| | Friday/Day 4 | Cancer Screening |
| | | Motivational Interviewing |
| | | Diabetes |
| | | Critical Analysis-Avoiding Harm |
| 3 rd 4 Weeks | Monday/Day 5 | Professional Issues in Primary Care |
| | | Critical Analysis-Systematic Reviews |
| | | Public Health Issues – Agricultural Health, Lead, Immunization, Smoking Cessation |
| | Friday/Day 6 | Final Exams in FM and IM |
| | | Performance Based Assessment |

Student Name: _____ Preceptor Name: _____ Date: _____

MID-ROTATION FEEDBACK FORM - Family Medicine Preceptorship - Please note below any areas which the student needs to work to improve in the next two weeks, as well as areas of strength.

- Please provide this information to the student at the end of week 2.
- This brief form is based upon the final evaluation form you will be completing for the student. It is important to identify to the student areas that you feel they need to improve in time to make changes - well before (2 weeks before) you complete that evaluation.

| | | Check in this column if this area needs improvement → → | ✓ | Specific suggestions for improvement – use reverse for more space |
|-------------------------|-----|---|---|---|
| Interpersonal Skills | 1. | Establishes rapport with patients. | | |
| | 2. | Demonstrates respect for patients | | |
| | 3. | Works well with all members of the healthcare team | | |
| Clinical Skills | 4. | Reports clinical data by obtaining and communicating the clinical facts in an organized manner | | |
| | 5. | Interprets clinical data by prioritizing problem list and selecting clinical findings and test results to support the mostlikely diagnoses. | | |
| | 6. | Devises an appropriate and comprehensive management strategy. | | |
| | 7. | Demonstrates a high level of knowledge/scholarship and can teach/educate others. | | |
| Professional Attributes | 8. | Shows initiative addressing deficits in own knowledge/skills | | |
| | 9. | Follows through effectively on commitments and tasks | | |
| | 10. | Demonstrates sensitivity and competence in working with people from diverse backgrounds. | | |

Other areas of concern needing improvement:

Particular areas of strength:

Preceptor Signature: _____ Student Signature: _____ Date: _____

