Rural Preceptorship Goals

The goal of this required course is to immerse students in primary care as practiced in a setting distant from immediate access to a tertiary care center. The focus is on the following themes:
1. Development of autonomy dealing with common and serious conditions in rural primary care.
2. Exploration of roles played by physicians in the community.
3. Service learning particularly as applied to rural underserved care.
4. Understanding referral and consultation relationships in a rural environment.

Rural Preceptorship Objectives

The objectives for the course are divided into subsections parallel to the evaluation of competency form for the School of Medicine. There are six areas in which the student will be evaluated. Specific objectives are listed in each subject area. The subject areas are: Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interprofessional Communication Skills, System-based Practice and Professionalism. There is one other objective that is specific to the Rural Preceptorship:
• Appropriately adapt to participate in patient care in rural communities, addressing priorities, opportunities, and constraints in that setting.

The other objectives are listed under each subject heading as follows:

Patient Care
1. Obtain history from patients with core conditions and symptoms.
2. Perform an appropriate physical exam of patients with core conditions and symptoms.
3. Propose appropriate strategies for evaluating and managing patients with selected conditions and symptoms.
4. Select, interpret, and appropriately use diagnostic tests and procedures.
5. Perform selected investigations and technical skills.
6. Appropriately use common forms of medical documentation, data storage and retrieval, including security and confidentiality aspects.

Medical Knowledge
1. Apply medical knowledge and analytic strategies to assess undifferentiated patients and solve clinical problems.
2. Consistently integrate new scientific and clinical information into patient care.

Practice-Based Learning and Improvement
1. Use information technology to support clinical practice and personal education.

Interprofessional Communication Skills
1. Communicate effectively with patients and families, including situations involving sensitive, technically complex, or distressing information.
2. Demonstrate adaptation of communication style to the individual needs of patients and urgencies of situation.
3. Provide a concise, accurate, verbal summary of a patient situation to a faculty member, resident or peer, prioritizing the most significant factors for clinical decision-making.
4. Create and maintain appropriate records of clinical encounters using standard terminology and formats.
5. Prepare appropriate written and other communications between health professionals and organizations.
Systems-Based Practice

1. Demonstrate effective clinical participation in a health care team.
2. Appropriately adapt to participate in patient care in rural communities, addressing priorities, opportunities, and constraints in that setting. (Rural item)

Professionalism

1. Integrate altruism, respect, accountability, duty, honor, integrity and commitment to excellence into clinical and educational activities.
2. Demonstrate sensitivity and responsiveness to patient individuality, including the role of culture, ethnicity, gender, age, and other aspects in health practices and decisions.
3. Accept and provide constructive feedback as part of a commitment to continuous learning and improvement.

Instructional Methods

Students are assigned to the practice of a rural primary care (family medicine, general internal medicine, or general pediatrics) preceptor in Kansas for a standard four-week module.

“Rural,” for the purpose of this course, is defined as anywhere in Kansas outside Wyandotte, Johnson, Douglas, Shawnee, and Sedgwick counties. A distance of 45 miles from the nearest tertiary care medical center will also be used to minimize the urban influence.

Students will work with the preceptor in all the functions of their practice in their community. Students should expect to see patients in a variety of settings: the ambulatory clinic, the acute inpatient, the emergency department, the nursing home, and other venues. In addition to direct patient care, the student will participate in all related patient care activities as requested by the preceptor, for example, hospital committee meetings and medical supervision at sporting events. The student is strongly encouraged to participate in non-medical community activities with their preceptor. These may include local service organization meetings and/or chamber of commerce events.

Students are expected to live in their assigned community throughout the course. Under special circumstances (See Placement Guidelines), when a student is allowed to commute from their assigned campus, they will be expected to stay overnight in the rural community for several nights of on-call experience.

While in their host community, the student serves as an Ambassador of KUMC. During this rotation, the student will employ a professional manner at all times. This includes wearing appropriate attire, attending all required activities, carrying out responsibilities in a timely manner, and demonstrating respect for patients, support staff and colleagues.

Placement

I. Placement Guidelines

The focus of the Rural Preceptorship is on primary care, family medicine, general pediatrics and internal medicine. Placement will be in a rural community remote from the Kansas City, Topeka, and Wichita metro areas. “Rural,” for the purpose of this course, is defined as anywhere in Kansas outside Wyandotte, Johnson, Douglas, Shawnee, and Sedgwick counties. A distance of 45 miles from the nearest tertiary care medical center will also be used to minimize the urban influence.
Placement within 45 miles of KUMC and Kansas City Metro Area will be made only for extraordinary circumstances that meet the criteria set forth by the Family Medical Leave Act. The form for the student and a physician to complete can be obtained from the Office of Rural Medical Education. It must be signed by a practicing physician and must be approved by the Course Director. Placement will then be made to accommodate the individual needs of students with these circumstances. Unless you meet these requirements, we will be unable to consider your request for "proximity to Kansas City."

Students are expected to reside in the community in which they are assigned. Travel expenses are the responsibility of the student.

**Students cannot make private arrangements with a preceptor.**

Due to the large numbers of student placements from the KC campus and at the request of the rural preceptors, students are not allowed to make their “own” placements. Any attempt to do so will nullify the placement. We strongly desire to place students in their hometowns or with a rural mentor. To accomplish this, we request notification of your desire to do so at least 90 days prior to the beginning of the rotation. These placements are not always possible due to the availability of the preceptor or site for that month. We need time to make alternative arrangements for another preceptor or to reschedule your rotation for another month so that we can get you placed appropriately. Students cannot be placed with a parent or first-degree relative as their primary preceptor due to conflict of interest issues.

Student preferences, to the extent they do not conflict with the program’s goals, will be given every consideration. Keep in mind that, in addition to your individual preferences, the program must give priority to the preferences of the preceptors, as well as accommodate the preferences and needs of other students.

If you want to be placed with a preceptor who is not on the website list, you must make your request to the Rural Medical Education Coordinator at least 6 months in advance. All preceptors must have a Volunteer Faculty Appointment, and it takes several months to secure such an appointment. Appointments are at the discretion of the various Chairs of the clinical department specialties and as such may not be awarded. Also, each rural site must have an active affiliation agreement for students in the School of Medicine. At times it takes 90-120 days to secure this agreement prior to the student rotation. Failure of obtaining both the faculty appointment and affiliation agreement PRIOR to the rotation will necessitate an alternative placement. Students cannot function in the role of negotiating these required documents.

The maximum number of students who will be accommodated in any one month is 15. If you move your rural rotation to a month where 15 students are already scheduled, be prepared to be denied an assignment in that month.

Once an assignment is made and confirmed with the preceptor, it can not be changed. Sites and preceptors make preparations in advance to receive a student. Placements are difficult at times due to a variety of circumstances beyond our control. We strive to make every effort to accommodate your requests. Our goal is to assure that you have a rewarding rural clinical experience. Please inform this office early of special circumstances.
Accommodations

Housing accommodations will be provided free of charge to the students. **Students may be required to pay a key deposit when issued a key for housing.** The deposit will be refunded when the key is returned. Accommodations vary from a room in the hospital, to a nearby motel, or rooming in the preceptor’s home to apartments or houses. A few preceptors are able to accommodate spouses and/or children. Please let us know on your questionnaire if you have special housing needs. If there are concerns about your housing please notify us and we will help remedy the situation. The following are expected minimum housing standards:

- Safe and secure
- Free of environmental hazards
- Locking door to the room
- Bathroom with locking door (some BR are shared dormitory style)
- If multiple-student room, then must have gender-specific rooms
- Bed

Meals

Meals are provided by many of the sites. **But, meals and food are the responsibility of each student.** Meal preparation facilities are not a requirement of housing. Due to regulations in various housing circumstances it may be illegal to have hot plates or other cooking devices in your room. Please check BEFORE using such appliances. Special meal restrictions, allergies and diets are the responsibility of the student. If there are meals provided please notify the appropriate individuals of your situation. However, there is no requirement for them to make accommodation and **you may be required to bring your own food.**

Attendance

All University of Kansas School of Medicine graduates are required to successfully complete the Rural Preceptorship prior to gradation. As such, attendance is a mandatory. The KU-SOM policy for attendance applies to this required clerkship. There are a maximum of 2 days that can be excused (see below) from the rotation. Students are expected to attend a rural orientation on the first Monday of their Rural Preceptorship block and a de-briefing session on the final Friday of the rotation. All students are expected to arrive at their Rural Preceptor practice in the afternoon or evening after the orientation. Many preceptors offer a local orientation and expect you to start in their practice as soon as you arrive. Attendance is required at all activities as requested by the preceptor during the week and you are expected to be on-call whenever your preceptor is on-call. You will be expected to cover the weekends they are on duty. **If your preceptor is not covering call any weekend during the rotation you should try to arrange to work at least one weekend during the rotation in the local ER.**

(1) **Excused Absence:** An emergency absence (illness, death in the immediate family) will be excused, if reported to the Rural Preceptorship office in a timely manner. It is also expected that you extend the professional courtesy of notifying your preceptor of your absence. **If there is any reason you are unable to notify their office then please let our office know so that we may contact your preceptor.** As to any absence for which the student wants an excused absence, and which is not an emergency, a request must be submitted in writing to the Course Administrator 14 days in advance of the start of the student's rotation and will require the approval of the Associate Dean for Student Affairs. A maximum 2-day absence may be allowed. If a student has more than 2 days of excused absences, s/he will draw an **INCOMPLETE** in the rotation and be required to
remediate the Rural Preceptorship course to complete requirements for graduation. A Request for Excuse Absence from may be requested from the Rural Medical Education Office.

(2) Unexcused Absence: Any absence which is not excused is an unexcused absence. “No show/ No call” absences are entirely unprofessional and will not be tolerated. More than one day of unexcused absences will result in the student being required to remediate the Rural Preceptorship course and will result in notification of this unprofessional behavior to the Office of Student Affairs.

(3) Residency Interviews: Students frequently have interviews for residency during the time they are scheduled for their Rural Preceptorship. To avoid conflicts please try to schedule these interviews during the other “elective” rotations. This is one of the four required rotations in the fourth year; as such, excused time for residency interviews in unavailable. For further information, please see the Medical School Attendance Policies by the School of Medicine at URL http://www.kumc.edu/school-of-medicine/osa/policies-procedures-and-manuals/attendance-policies.html

**Student Evaluation Methods**

To complete the requirements for the Rural Preceptorship the student will be evaluated in four areas. They are:

1. **Phase II Clinical Performance Rating** – graded competencies met/needs remediation
2. **Reflective assignment** – pass/remediate
3. **Patient encounter logs** – pass/remediate
4. **Service project** – pass/remediate

**Phase II Clinical Performance Rating**

The emphasis of student evaluation is done using the standard rating form used by all the Clerkships in Phase II. A copy of the form can be accessed through JayDocs. Your preceptor should review your evaluation with you. We have a mid-rotation evaluation to help you identify areas that need improvement. We encourage you to remind your preceptor to fill out this form after the second week of your Preceptorship. They have been mailed all the necessary documentation, but again, the form may be obtained through JayDocs and printed for their use. It must be signed by the preceptor and can be mailed or faxed to the Office of Rural Medical Education or submitted via e-mail to the Course Administrator. It will be reviewed by the Course Director prior to final assignment of the grade.

Your grade for the course will be the grade on the CPR form, as derived by your Rural Preceptor – Competencies Met (pass) or Needs Remediation (fail). The other evaluation assignments are graded pass/fail but are required for credit to be assigned in the course.

**Reflective Assignment**

The purpose of this paper is to have the student examine their rural experience in retrospect. Even though many students are not going to return to rural areas to practice medicine, the personal growth and the professional perspective gained by the Rural Preceptorship can be extraordinary. There is no minimum length requirement. Due date is at the end of your Rural Preceptorship. The paper is graded pass/fail and is required for credit in the Rural Preceptorship. The reflective paper may include the following areas:
1. Compare/contrast medical decision-making in the rural vs urban setting
2. Describe the physician roles by your preceptor in a rural setting
3. Describe the referral/consultation relationships in the rural vs. urban practice
4. What are the priorities, opportunities, and constraints in the rural setting compared with urban settings.

5. **REQUIRED** – Provide an overview of your project, please attach any slides or material you created to supplement your project (packaged presentations do not need to be included, i.e. Tar Wars).

To help with “writer’s block,” here are additional discussion points that can be included:

- What did you discover about yourself?
- What surprised you most about this experience?
- Describe community resources available in that community for dying patients.
- What community resources are available for:
  1. Prenatal care
  2. Preschool children
  3. Elementary school children
  4. 6th-12th graders
  5. Adults
  6. Senior citizens
- How is specialty medical care provided locally and through referral centers?
- Describe relationships with specialist physicians. Describe both positive and negative examples.
- What deficits in medical care exist in your preceptor’s community?
- Describe the emergency medical system in that community.
- What are the medical diagnostic and medical care capabilities of the medical system in that community?
- Describe the business model of practice, including call coverage and inter-physician relationships and administrative hierarchy.
- Describe the social life of your preceptor in the context of their community.
- Patients in rural areas may have limited access to care. Describe three cases in your experience where a patient struggled with access limitations.
- Meet with the local hospital Medical Staff coordinator and describe how to go about applying for both active and courtesy hospital privileges.
- How do physicians in this community maintain their CME and what other academic activities are they involved in?
- Is your preceptor involved in patient advocacy/legislative issues/physician associations? Describe their involvement.

The preferred method of submission is via email to the Course Administrator. However, this paper can also be faxed or otherwise delivered. All papers are reviewed by the course director for completion prior to grade assignment.

**Patient Encounter Logs**

As with the other clerkships, during the Rural Preceptorship you will be asked to keep a log of your patient encounters. Completion of logging is the same as used for your third-year clerkships. The submission of the log is a requirement for completion of the Rural Preceptorship. It is graded pass/fail. The log is due at the end of your rotation.
Service Project

In order to fulfill the requirements of the Rural Preceptorship, all students will be required to complete a community-based project. The following are several suggestions for a service project. You should work with your Rural Preceptor to determine a project that would be best for you and the community. Your project should be discussed in the Reflective Assignment. It is also pass/fail and needs to be completed to receive credit for the rotation.

- Health of the Public Project – activity must be approved and supervised by Dr. Ellerbeck or his designee.
- Community Health Education Presentations:
  - Do a Tar Wars presentation for a fourth or fifth grade class
    - [www.tarwars.org](http://www.tarwars.org)
    - [http://www.tarwars.org/x1052.xml](http://www.tarwars.org/x1052.xml) (for KS Coordinators)
  - Don’t Choke on Smoke
    - Check with KU regarding availability of materials
  - Stop Bullying Now
    - This is a program developed by HRSA which includes “webisodes” and various activities if the school has internet/projector capability
  - Nutrition
    - [http://www.nationaldairycouncil.org/childnutrition/Pages/ChildNutritionHome.aspx](http://www.nationaldairycouncil.org/childnutrition/Pages/ChildNutritionHome.aspx)
    - [www.eatright.org](http://www.eatright.org)
    - Stop the Pop! This is an interactive presentation coordinated by the Missouri Dental Association to focus on long-term implications of poor nutrition on oral and overall health
  - Speaking with local high school students regarding careers in the health professions
  - Other presentations may be acceptable. Please check with the RP coordinator prior to presenting

- Volunteer for a local Free Health Clinic or Community Health Center in the area
- Make home visits with Health Department Nurse, Home Health Agency or your preceptor and discuss your experience.
- Participate in a KUMC-sponsored research project that is currently going on in your assigned community (obesity studies, smoking cessation, colorectal cancer screening, etc.).

Course Evaluation Methods

Student feedback is solicited via Office of Medical Education surveys and other departmental methods as indicated.

Patient encounter log data is reviewed systematically.

The Course Director performs a review of existing rural preceptor sites annually and performs site visits as necessary to assure a positive learning environment for students. Medical Education Network Site Directors recruit new preceptors and sites as necessary to meet the course goals and objectives.
Professionalism

As medical professionals you should always strive to reach the highest standards of excellence in clinical practice. In addition to clinical competence, one should possess integrity, respect, and compassion for both patients and colleagues. For further information, please see The Professionalism Initiative by the School of Medicine at URL http://www.kumc.edu/school-of-medicine/office-of-medical-education/graduation-competencies.html

ADA Information

Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at Student Counseling & Educational Support Services by calling 913-588-6580 or visiting G116 Student Center.

Any student in this course who needs an accommodation because of a disability in order to complete the course requirements should contact the instructor or the Equal Opportunity/Disability Specialist (913-588-7813, TDD 913-588-7963) as soon as possible.

Website

The FAPR 900 Rural Preceptorship has much of the course materials on JayDocs. There is also a web page for the rotation at http://www.kumc.edu/school-of-medicine/office-of-rural-medical-education.html you will find all of the rotation handouts along with profiles on each student and preceptor and links to rural community websites. The website is reviewed and updated regularly. If you have suggestions for improvements to the site please contact the Course Director or the Course Administrator.

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