

University of Kansas School of Medicine Rural Preceptorship Checklist and Questionnaire

Location:

Date:

Instructor:

Your Rural Preceptorship takes you to a community that does not typically contain a tertiary medical center. The community in which you complete your Rural Preceptorship will have its own medical resources and resource limitations. Please reflect upon these questions as you work with your rural preceptor and get to know the community.

1. Primary care is defined as a physician specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis. How does your Rural Preceptor meet that definition?
2. Outside of clinical practice, does your preceptor serve in other capacities in the community? What leadership activities are they involved in? (e.g., coroner, nursing home medical director, city council, board of education, youth organization leader, etc.) What leadership activities did you attend with your preceptor?
3. Typically there are "outreach" clinics or other specialists in rural communities depending on the size of the community. What medical specialties are represented in your host community?
4. To which cities does your preceptor refer most patients for specialty care? (Give an approximate distance for each city listed.)
4. Does your preceptor work with Physician Assistants or Nurse Practitioners? If so, in what capacity?
5. Which other health professionals are present in your preceptor's community? Indicate the members which you worked with personally?
 - ___ Pharmacist
 - ___ Dentist
 - ___ Chiropractor
 - ___ Optometrist
 - ___ PT
 - ___ OT
 - ___ Social Worker

- ___ Clinical Psychologist
- ___ Dietician
- ___ Certified diabetes educator
- ___ Other (list)

6. Who staffs the emergency department on weekdays, nights, and weekends?
7. Who cares for unassigned (not regularly seen in the practice) patients who come to the hospital in your preceptor's community?
8. Many times, there is a situation which requires that your preceptor transfer care of the patient due to a life-threatening event or other problem that the local facility cannot manage.
 - a. Describe such a situation (HIPAA Compliant)
 - b. How did you counsel the patient and family about the need for transfer?
 - c. What steps are taken to be compliant with EMTALA regulations?
9. In which practice settings were you involved during your Rural Preceptorship? (check all that apply)

- Office/Clinic
- Hospital
- Nursing home
- Community health clinic (not private practice)
- Patient home visit
- Emergency department
- Other (specify)

10. What resources are available in your preceptor's rural community to address social determinants of health? (single check all that are available and double check those that you visited)

- Food pantry
- Ministerial alliance
- Meals on Wheels
- Senior citizen center
- Public transportation
- Volunteer transportation
- Subsidized housing/apartments
- Grocery store
- Safe neighborhoods/sidewalks or Trails for walking
- Local gym/community center
- Other (specify)

11. Does your experience on Rural Preceptorship differ from your clerkships in Kansas City/Wichita/Salina? If so, how?
12. Did you participate in performing inpatient or outpatient procedures? If so, did you participate in obtaining informed consent? Please describe your role. Discuss the ethics involved with informed consent with your preceptor.
13. How does your preceptor balance the many demands on their time?
14. Clinical practices are routinely involved in the process of continuous quality improvement and establishing a culture of safety. Discuss these processes with your preceptor. How is their practice achieving QI or QA? Attend a meeting of the committee that is responsible for the process. How did you participate in the process?

Name: _____