RURAL PRECEPTORSHIP MANUAL

The University of Kansas
School of Medicine-Wichita
Department of Internal Medicine

FOREWORD

The rural preceptorship has been in existence for over fifty years, beginning during the administration of Chancellor Franklin Murphy. Initially, students travelled to communities of less than 3,000 inhabitants without restriction as to specialty. Over the years, the program has evolved to include only Family Practice, General Internal Medicine, and General Pediatrics, and the definition of what constitutes "rural" has expanded to include some suburbs and more metropolitan cities.

Goals of this rotation have been somewhat vague at times. "Seeing what rural practice is like" and ultimately recruiting physicians to rural practice have been two commonly-agreed-upon goals.

This manual for rural primary care preceptors has been created to clarify the purpose and educational goals of the rural rotation and provide guidelines for you, the rural preceptor, in defining your role and responsibilities in the educational process. Its content has been developed from evaluations of medical students who have taken the rural preceptorship, what we have learned from rural preceptors, and what we believe are weaknesses in an urban-based educational process which trains medical students for rural practice. Much of its content reflects what preceptors have been doing for many years.

The University of Kansas School of Medicine-Wichita has a strong interest in preparing physicians for rural practice and increasing the supply of physicians in rural Kansas. The rural preceptorship is the primary strategy for teaching rural medicine. The rural preceptorship will continue to evolve in partnership between the medical school and you, the practicing rural physician. We encourage your comments about the rural preceptorship anytime.

SITE SELECTION

Volunteer faculty play an essential role in the training of medical students at the University of Kansas School of Medicine-Wichita. The participation of volunteer faculty contributes much to the excellence of its graduates. The contribution made by rural preceptors is of special significance, for without your contribution, the rural rotation would be impossible.

It is for these reasons that we ask for and maintain records of your credentials. Board certification in the discipline of the rotation, i.e., Family Medicine, Internal Medicine, and Pediatrics, is an important consideration. Students may spend some time during the rotation with physicians who are in other specialties, but the primary supervision and teaching should be provided by you, the primary care physician of the appropriate specialty.

There have been many sites for the rural rotation utilized over the years. Sites should be rural and not in metropolitan areas. Emphasis has been placed on developing sites in communities with populations of less than 15,000. Some departments, most notably Pediatrics, have difficulty developing more rural sites because of the more urban distribution of pediatricians. An attempt has been made to limit the number of sites to facilitate the ongoing development of each site's educational value. Any student who has expressed a strong interest in ultimately practicing in a specific rural community which is not normally a rural preceptorship site may be allowed to take the rural preceptorship in that community if its educational value can be assured.

HOUSING

It is the rural preceptor's responsibility to provide room and board for the medical student while on his or her rural rotation. At this time, there is no funding available to the University of Kansas School of Medicine-Wichita to provide housing or board. Students must reside in your community during the rotation, and should not attempt to commute back and forth from Wichita on a regular basis.

A room provided by the hospital is acceptable provided it is 1) private and 2) provides a comfortable sleeping environment. There should be adequate lighting for reading, a comfortable chair, a bed with linen and blanket, and a desk adequate for a laptop computer. A television should be in the room, as the student will be there for an entire month. The student should be able to lock the door.

An apartment or house is probably ideal, but understandably difficult to arrange or afford. Staying in the preceptor's home for the entire month is not appropriate unless the student's need for privacy and his or her own "space" is addressed. Past experience has shown that students staying in preceptors' homes can be burdensome for the preceptors' families as well.

Motel rooms, while expensive, are also adequate for student housing. Students have been encouraged to take their families with them, but this rarely happens with spouses working and older children in school. Spouses and families may, however, wish to join their medical student spouses on weekends. Certainly, use of motel rooms or the preceptor's home is acceptable at these times.

Meals provided in the hospital are satisfactory for board. Students may also be reimbursed for their meals. It may be difficult for the preceptor to provide all the student's meals in his or her home.

Rural Preceptorship Goals and Objectives

Goal

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. Understanding referral and consultation relationships in a rural environment.

Objectives

Patient Care

Obtain history from patients with core conditions and symptoms. (CPR)

Perform an appropriate physical exam of patients with core conditions and symptoms. (CPR)

Propose appropriate strategies for evaluating and managing patients with selected conditions and symptoms. (CPR)

Select, interpret, and appropriately use diagnostic tests and procedures. (CPR)

Perform selected investigations and technical skills. (CPR)

Appropriately use common forms of medical documentation, data storage and retrieval, including security and confidentiality aspects. (CPR)

Medical Knowledge

Apply medical knowledge and analytic strategies to assess undifferentiated patients and solve clinical problems. (CPR)

Consistently integrate new scientific and clinical information into patient care. (CPR)

Practice-Based Learning and Improvement

Use information technology to support clinical practice and personal education. (CPR)

Interpersonal and Communication Skills

Communicate effectively with patients and families, including situations involving sensitive, technically complex, or distressing information. (CPR)

Demonstrate adaptation of communication style to the individual needs of patients and urgencies of situation. (CPR)

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. (CPR)

Create and maintain appropriate records of clinical encounters using standard terminology and formats. (CPR)

Prepare appropriate written and other communications between health professionals and organizations. (assignment)

Systems-Based Practice

Demonstrate effective clinical participation in a health care team. (CPR)

Appropriately adapt to participate in patient care in rural communities, addressing priorities, opportunities, and constraints in that setting. (CPR special item)

Professionalism

Integrate altruism, respect, accountability, duty, honor, integrity and commitment to excellence into their clinical and educational activities. (CPR)

Demonstrate sensitivity and responsiveness to patient individuality, including the role of culture, ethnicity, gender, age, and other aspects in health practices and decisions. (CPR)

Accept and provide constructive feedback as part of a commitment to continuous learning and improvement. (CPR)

Instructional Methods

Students are assigned to the practice of a rural primary care (Family Medicine, general Internal Medicine, general Pediatrics) preceptor in Kansas for four weeks.

"Rural" for the purpose of this course is defined as anywhere in Kansas outside Wyandotte, Johnson, Douglas, Shawnee, and Sedgwick counties. An exception to this definition may be made by the course director in the case of a student with a special hardship. In that circumstance, the student may be assigned to a non-metropolitan portion of one of these five counties. Additionally, portions of other Kansas counties (e.g., western Butler) generally considered metropolitan are also avoided as clinical sites in keeping with the goals of the course.

Students are expected to live in their assigned community throughout the course. Under special circumstances 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.

Student Evaluation Methods

1. The Phase II Clinical Performance Rating (CPR), modified to address specific objectives of this course, is completed by the rural preceptor and reviewed by the course director. It is the basis for the student's letter grade.

2. Students must satisfactorily prepare a written letter of consultation or referral between health professionals or organizations. The letter is submitted to the course director and graded pass/fail.

3. Students must also satisfactorily complete a reflective assignment that compares and contrasts medical decision-making, physician roles, and referral/consultation relationships in the rural vs. urban practice, addressing priorities, opportunities, and constraints in the rural setting. The assignment is graded pass/fail by the course director.

4. Students submit patient encounter logs as a pass/fail component of their grade.

5. Course directors may assign an additional service project as available and appropriate (Tar Wars®, office system improvement intervention, nurse/staff in-service presentation, other community talks, or outreaches). The project is reviewed by the course director and graded as pass/fail.

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 by the course director.

Course directors perform reviews of existing rural preceptor sites annually and perform site visits as necessary to assure a positive learning environment for students. Directors recruit new preceptors and sites as necessary to meet the course goals and objectives.

Rural Preceptorship Objectives Matched with Competencies

Objective	Competency
Patient Care	
1) Obtain an accurate and complete history from a hospitalized or ambulatory patient or, alternatively, his/her caregiver.	Achieve the objective at an acceptable level over the assigned number of patients.
2) Perform an appropriate physical exam on a hospitalized or ambulatory patient.	Achieve the objective at an acceptable level over the assigned number of patients.
3) Perform supervised office procedures as deemed appropriate by the preceptor.	Adequately perform procedures under observation.
4) Demonstration of ability to interpret data commonly collected on hospitalized and office patients (CBC, ABG's, ECG's, PFT's, electrolytes, chest x-ray, hepatic panel)	Adequate thresholds of interpretive skill.
Patient Care and Communication Skills	
1) Create a written record of the history and physical.	Create a legible document of sufficient detail on each assigned patient.
2) Perform daily reassessments of assigned patients as appropriate and create a progress note.	Create an accurate and legible daily progress note.
3) Verbal presentation of assigned patients.	Make concise and complete verbal presentations to attending.
Medical Knowledge	
1) Develop a basic foundation of concepts and facts regarding problems on hospitalized and office patients.	Demonstrate an adequate knowledge base.
Practice Based Learning	
1) Analyze patient problems utilizing research of medical reference.	Adequate analysis of assigned cases as reflected in patient assessments.
Professionalism	
1) Interacts with patient and healthcare team in a professional manner.	Interact appropriately with all patients. Demonstrate understanding of & adherence to concepts of patient autonomy, benevolence, & distributive justice of healthcare.
Systems-Based Practice	
Encouraged: know how physicians partner with health care managers and other providers to assess, coordinate and improve health care and know how these activities can affect system performance. *The student may be invited to observe the preceptor in other roles such as chairing committees or serving on advisory boards.	

CLINICAL SKILLS IN INTERNAL MEDICINE

This section highlights those learning experiences in which students participate as opportunities present. All should be preceptor-supervised. This list is not meant to restrict or limit what kinds of skills or procedures the student may be taught or is exposed to during the rural preceptorship.

1. **Pelvic and Rectal Examinations**
   There are times when a patient may not be willing to allow a medical student to perform a pelvic examination and/or rectal or male genitalia examination. Whenever possible, however, students should be given the opportunity to perform these examinations.

2. **Trauma Care**
   Evaluation, triage, associated procedures, stabilization.

3. **Lacerations**
   Evaluation, cleansing and debridement, suturing materials and technique, local anesthesia.

4. **Electrocardiography**
   EKG's, cardiac arrhythmias, treadmill stress testing.

5. **Radiology**
   Reading of plain films.

6. **Obstetrics**
   Consultation for managing medical problems in pregnant patients.

7. **Geriatric Care**
   Students receive geriatric training in several rotations, but usually have difficulty gaining experience with ambulatory patients who are relatively self-sufficient.

8. **Occupational Medicine**
   Students may understand the injury involved, but not understand the information needed from the physician.

9. **Surgery**
   Pre and post-operative care/evaluation.

10. **Other Procedures**
    Other procedures as deemed appropriate by the Internal Medicine preceptor.

STUDENT EVALUATION AND FEEDBACK

At UKSM-W, much of the teaching is done by volunteer faculty in private practice. Your evaluation of the student is no less important than evaluations provided by any other faculty, be they volunteer or full-time.

Any student behavior which is inappropriate should be documented and discussed with the student in a timely manner to allow the student an opportunity to correct the behavior. **Please inform the Clerkship Director immediately of any student performance concerns.**

Students need critical as well as positive feedback. Encourage to students to discuss any difficulties they may be encountering during the rotation. It is preferable to give formative feedback midway through the rotation to allow the student time to correct deficiencies.

The preceptor determines the student's final grade for the rotation, based on the student's overall performance and taking into account any improvement that has occurred after constructive feedback. If several physicians have served as preceptors during the month, all are encouraged to participate in the evaluation process and there should be a consensus on the final grade. We strongly encourage providing specific written comments regarding the student's performance.

Your evaluation of the student should be completed and returned to the appropriate department at UKSM-W as soon as the student completes the rotation. In most instances, the final grade must be in the student's academic record within 30 days. Frequently, however, students need the final grade almost immediately for graduation requirements or other educational opportunities such as residency placement. Sending the evaluation at the completion of the rotation is essential.

After completion of each clinical rotation, students evaluate the rotation. This provides a needed perspective for improvement of each rotation and the entire curriculum. Included in the manual is the ***Rural Preceptorship Evaluation Form*** which medical students use.

Requirements for Passing the Course

1. Satisfactory grade or better on the clinical rotation.

2. Satisfactory completion of the written letter of consultation or referral graded pass/fail by the course director.

3. Satisfactory completion of the reflective assignment graded pass/fail by the course director.

SCHEDULING AND SUPERVISION OF LEARNING EXPERIENCES

Preceptors should sit down with students and discuss with them any specific learning experiences that they may wish to have during the month. As one preceptor stated, "We discuss what is possible during the month and what is not."

As you know, you are legally responsible for everything that the student does in regard to patient care. The level of supervision the student requires is dependent upon your judgment. Supervision can range from "physically being present" when the student is providing medical care for a patient to "being available by phone" if there are any questions. However, the student must always have access to direct supervision either by you or by a designated licensed physician. Any student who requests direct supervision must get it. We would advise against consistently allowing the student to act on his or her own judgment without discussing decisions with you. You need to know what the student is doing.

Supervision does not mean telling a student what to do without allowing the student to formulate his or her own management plan. Students need to develop judgment; this does not mean that you will always allow the student to act on that judgment. Discuss with the student where you differ and where you agree in terms of patient management. Frequently, the differences may be options which are equally acceptable, and students need to know that.

Students must participate in the care of ambulatory patients in your office. This does not mean that they must be in the office every time that you are, but a significant amount of time must be spent in the office seeing or doing what you do with supervision. It is helpful to have students to observe you with patients initially, but it will not be a maximally productive learning experience if that is all that they are allowed to do; please plan for time for students to see and evaluate patients independently.

Students must participate in the care of your hospitalized patients. This does not necessarily mean that they have to follow every patient that you admit to the hospital. There may be legitimate reasons for them not to. History and physicals, discharge summaries, and progress notes are all important skills for students to do and refine, a process that will require your input if it is to be beneficial. Students gain confidence whenever they are able to assess patients and formulate diagnostic and treatment plans with your agreement.

If you act as an emergency room physician, allowing students to participate in this activity is encouraged, but should be balanced to include patient care activities in all areas of your practice.

Providing students with an opportunity to observe and interact with mid-level practitioners is worthwhile if your practice utilizes physician assistants or nurse practitioners. Supervisors and teaching responsibilities for the student should not be delegated to the mid-level practitioner, however. Some preceptors have expressed concern regarding what the relationship of physician assistants to medical students should be. Our main intent is for students to understand what mid-level practitioners are capable of, and how rural physicians utilize them in their practices.

You may know of other experiences that students would find beneficial in learning about rural health care. Visiting with the Director of the local EMS or seeing what the County Health Department does are two possible examples. Students also commonly attend medical staff meetings and local medical society meetings.

Students need opportunities to study and relax during the rotation. If you have an afternoon or evening off each week, it would be appropriate to allow the student to have one also, particularly if the variation in the volume of patients seen precludes setting rigid guidelines on time off during the week. Some students may never want to participate in patient care after hours; clearly, this should not be an option for them. Some students will want to be available all the time. Those students may need to be encouraged to take time off, particularly if they have missed several nights of sleep.

Students should have at least one weekend free from duties during the month. They should take call and stay in your community at least one weekend during the month, and preferably two. From time to time, a student may request additional time to return to Wichita. This should be discouraged, particularly if it is for personal reasons. It is unacceptable for a student to leave town without your knowledge; unfortunately, this has happened in the past. It would be uncommon for a student to have to return to Wichita during the week because of a medical school obligation. If there are any questions in this regard, please discuss it with the involved department coordinator at UKSM-W.

In group practices, it is essential that one physician act as Coordinator during the rotation. Students may spend time with different physicians, but students have had some difficulty in adjusting to several preceptors when continually being rotated from physician to physician during the month. However, the physician acting as Coordinator may change from month to month.

Student Duty Hours Policy

We note that students are never allowed to write orders without explicit approval and oversight by a licensed physician, are not responsible for patient care activities, and do not perform procedures on patients without direct, on site, close supervision by a licensed health care provider. As a result, student fatigue should never lead to patient care errors or misjudgments. While students must learn that high quality patient care requires personal sacrifice including, at times, loss of regular sleep patterns, erratic meal times, and absence from customary social events and personal recreation, they must strive to discover compensatory strategies to maintain physical and mental health, as well as appropriate social and personal relationships. Therefore, the following standards must be followed by students, faculty, and staff:

1. Students should never be asked or encouraged to provide professional services without appropriate supervision.

2. Students must be instructed on the signs and consequences of sleep impairment and emotional fatigue.

3. Students must be provided resources to address the causes and correction of sleep deprivation and/or emotional fatigue.

4. Students must not spend more than 80 hours a week, averaged over a four week period, in the School of Medicine patient care related environments, classroom activities, or other structured educational programs. This does not include time that students may elect to study outside the formal, structured, scheduled learning environment. Also, students may elect to volunteer time at other health care facilities that are not part of their assigned clerkship experience.

5. Student assignment for 24-hour "call" experiences should be scheduled based on student learning requirements and never on any service needs of the institution. Certainly, certain types of learning opportunities arise more frequently in the overnight hours and resource availability is often modified during late night and morning times. The student should learn about the unique aspect of health care that occurs at that time of the 24-hour day/night cycle. It is advisable that the supervising faculty/residents provide the student with 4-5 hours of continuous sleeping time if the educational opportunities are not critical to the student's learning. If extremely valuable learning opportunities override the opportunity for student rest and/or sleep during the 24-hour call time block, the faculty/residents should monitor the student's alertness and ability to participate in the learning program. If the student's learning is compromised severely because of fatigue or sleep deprivation, they should be allowed to rest.

6. Students must have adequate, private sleeping facilities at every teaching site in which 24-hour call activities occur. These facilities must be available to the student 24 hours a day.

7. If a student feels that s/he may be at risk when operating a motor vehicle because of fatigue or sleep deprivation, they should obtain sleep at the onsite call room before departing the premises or ask someone to take them home. The faculty must encourage the student to avoid driving if they feel the student is impaired because of fatigue or sleep deprivation.

8. Students must have at least one weekend (from 5 p.m. Friday evening until 7 a.m. Monday morning) free of all formal activities associated with a clerkship every 4 weeks.

9. Faculty (and residents) must monitor students for symptoms and signs suggestive of impairment (including learning impairment) due to sleep deprivation and/or emotional fatigue. The faculty must advise the student appropriately if such observations are confirmed.

10. Faculty must notify the Associate Dean of Student Affairs of any student who suffers continued, persistent signs of sleep deprivation or emotional fatigue.

11. Students should notify the Associate Dean of Student Affairs if they feel their learning is impaired due to sleep deprivation or emotional fatigue.

Guidelines for Clinical Activities by Medical Students

Medical students rotate in clinical settings to learn all aspects of patient care, including obtaining patient histories, performing thorough physical examinations, formulating differential diagnoses, learning to make decisions based on appropriate laboratory and radiological studies and procedures, interpreting results of special studies and treatment, communicating with patients on all aspects of disease and prognosis, and communicating with members of the health care team.

To this end, the medical student may participate in the following activities:

1. Access patients to obtain a medical history, perform a physical exam, and follow the inpatient and /or outpatient course.
2. Access the patient's entire medical record, including laboratory reports, x-ray reports, etc.
3. Perform appropriately supervised procedures as authorized by the patient's attending physician. For procedures such as drawing blood that the student has been trained for and declared competent in, the student may draw blood and perform independent of direct supervision.
4. Perform basic laboratory studies such as urinalysis, under appropriate supervision and review.
5. When the student is clinically prepared, write orders for specific patients. All of the orders written by a medical student must be reviewed and countersigned by the responsible resident or attending physician before forwarding to the nursing service.
6. Write progress notes that the responsible resident or attending physician will review and countersign.

Students **CANNOT:**

1. Write orders independently, without review and counter-signature by the responsible faculty member or resident.
2. Be the primary line of communication in the critical value reporting process.
4. Have sole responsibility for communicating vital patient related information to the patient or family members.

POLICY ON STUDENT ABSENCES

1. **Excused Absences:** All students are expected to notify the responsible individual* prior to any anticipated absence from required activities.

A. **Absence Due to Illness:** The student must notify the responsible individual* whenever it is clear that he/she will be absent.

B. **Absences NOT Due to Illness:** The student must notify the responsible individual* prior to the absence.

***Responsible Individual:**

1. Lecturer or discussion group leader in case of absence of up to two hours.

2. Attending or preceptor in case of absence from clinical duties.

3. Departmental clerkship director or department chairperson in case of absence from a clerkship for more than two hours.

4. The Office of the Associate Dean for Student Affairs in case of absence of three or more days.

Excuses from clerkship activities will be granted as follows:

1. Absences of two days or less will be granted by the Department Chairperson, or his/her designee, and need not be reported further.

2. Absences of three to five days, the student must obtain approval from the Office of the Associate Dean for Student Affairs.

3. Absences of more than five days must be approved by the Curriculum and Education Committee, upon recommendation from the Associate Dean of Student Affairs. A majority vote of the C&E Committee will suffice to approve the absence.

2. **Unexcused Absences:**

A. **Two Days or Less:** This type of absence will be handled by the department concerned, which will decide on disposition, remedial work, etc. for the absence. All unexcused absences should be reported to the Office of the Associate Dean for Student Affairs and a notation of the unexcused absence will be entered into the student's permanent record.

B. **More than Two Days:** This type of absence will result in automatic suspension from enrollment of the student. To be readmitted to the school, the student must apply to the Associate Dean for Student Affairs who will investigate the case and recommend an action to the C&E Committee. The C&E Committee will decide, by a majority vote, the question of readmission. The student may make a personal appearance at the C&E Committee prior to its vote.

3. Appeals Procedure:

A. A student who disagrees with the decision of the C&E Committee (in cases of absences greater than two days) or of a department chairperson (in cases of absences of two days or less), may appeal the decision to the Dean of UKSM-W.

B. Decisions of the Dean of UKSM-W may be appealed according to the procedure outlined in the Student Handbook Grievance Procedures.

University of Kansas School of Medicine - Wichita
Department of Internal Medicine
Rural Preceptorship Questionnaire

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 deficits. Please reflect upon these questions as you work with your rural preceptor and get to know the community.

1. Outside of private practice, does your preceptor serve in other capacities in the community? (e.g., coroner, nursing home medical director, city council, board of education, youth organization leader, etc.)

2. What medical specialties are represented in the community in which your preceptor practices?

3. To which cities does your preceptor refer most patients for specialty care? (give an approximate distance for each city listed)

4. Do patients in your Rural Preceptorship community receive itinerant specialty care? If so, from which specialties, and where do the consultants come from?

5. Does your preceptor employ a Physician Assistant or Nurse Practitioner? If so, how are they used?

6. Who staffs the emergency department on weekdays, nights, and weekends?

7. Who cares for unassigned patients who come to the hospital in your preceptor's community?

8. What does your preceptor do when a patient comes to the hospital with a suspected myocardial infarction?

9. Who sees pregnant women, children, and other patient groups not typically seen by Internal Medicine?

10. 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. Does your experience on Rural Preceptorship differ from your clerkships in Wichita? If so, how?