

# Rural Physician Associate Program

## Preceptor Guide



2016-17



UNIVERSITY OF MINNESOTA

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Medical School

# **RPAP PRECEPTOR GUIDE**

Thank you for making a commitment to the medical education of a University of Minnesota Medical Student. We commend your efforts and want to stress the important role you play in the development of future physicians.

As a preceptor, you assume a critical role in the development the student. You help the student transition from knowledge of basic sciences to clinical problem-solving skills. Just as importantly, you teach them how to be a physician in the clinic, hospital and community.

## **RPAP Mission Statement**

The Rural Physician Associate Program is designed to nurture third year student's interest in rural medicine and primary care by providing a strong rural educational curriculum.

## **Program Description**

RPAP provides third year medical students with a longitudinal continuity educational curriculum in rural settings where they complete core clinical clerkships and are guided and mentored collaboratively by both academic and community faculty. The program is designed to enhance development of professional identity by providing students with authentic roles in care giving. It provides students with a broadened perspective on patients' experience of illness and on comprehensive care in the context of family and the community.

## **Educational objectives for RPAP**

Learn to provide comprehensive care (including preventive, acute and chronic) in the context of the patient's family and the community.

Develop experience in procedural skills essential to primary care clinicians.

Work effectively with other members of the local health care team to enhance individual and community health.

Develop communication skills and sensitivity of psychosocial, sexual and family components of medical problems.

Develop the habit of reflective practice necessary for success as a life-long independent learner.

Experience a rural lifestyle and gain personal confidence and competence in assuming the role of a rural physician.

Understand fundamental aspects of rural health care including practical issues that impact care delivery, rural health care systems, and health problems specific to a rural population.

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## The Student's Role

RPAP students are first and foremost students. They will have basic competency in history taking and physical exam, as well as creating a differential diagnosis. It is advisable to let the student see your method of history and exam skills for the first week, and then gradually increase the student's area of responsibility. It is important to remember that the student will always require supervision.

RPAP students have completed six weeks of Medicine and six weeks of Obstetrics and Gynecology, Pediatrics or another required course prior to arriving in the community.

Throughout the 9 months of the program, a student should learn how to evaluate and care for a broad mixture of medical problems that are seen in primary care settings. The goal for the student is to gain clinical confidence and develop *Competent or Proficient level* of medical history and physical examination skills. They also will develop *Advanced Beginner level to early Proficient level* competency of clinical diagnostic tests and treatment modalities of a wide range of medical problems.

A definition of the various levels of learners is as follows:

- Novice:** Fundamental knowledge, willing to learn
- Beginner:** Able to apply knowledge to assessment and plan, motivated to improve
- Competent:** Able to assess and improve self-skills
- Proficient:** Able to handle change, multiple problems, discern issues clearly
- Master:** Leader and innovator of medical care

The student should learn about and experience an **interprofessional team approach** to health care. During the first week or two of the program, your student should spend several days meeting the other health professionals in the community including nursing personnel and office staff; physical, occupational, and respiratory therapists; laboratory technicians; dietitians; hospital and clinic administrators; pharmacists; public health and school or parish nurses; social workers and mental health professionals. The student should learn about the roles they play in the care of the patients in your community. Through this activity they will develop a context for how health care is provided in your community through various settings and they will understand how to utilize these professionals to provide better care for your patients. Students may need your help arranging these visits.

Students should become involved in problems that require cooperation with other physicians (e.g., emergency appendectomy by a surgeon). They also should be involved in care requiring multiple physicians from other specialties following termination of care by another specialist.

Students are required to read textbooks, journals, and complete the on-line curriculum for **1 to 2 hours per day during regular clinic hours**. Plan that your student will require approximately 5-10 hours per week during regular working hours to be protected time for completion of the curriculum, including required readings, projects, preparation of cases for formal presentations, and online work. In addition, they will need time for independent study to read background on the clinical cases they are involved in with you. Most preceptors have found the best time for this study is immediately after seeing morning hospital patients or at the beginning of the day's clinic schedule. Once the clinic day starts and the student is involved in patient care, it is very difficult for them to find this uninterrupted time again.

An excellent way to reinforce this learning is to discuss the topics they have read on a regular basis. This will further solidify the student's learning and it can be every enjoyable for the preceptor as well to hear about new medical knowledge.

## Clinical Clerkships During RPAP

Required Clerkships: 26 credits	Optional Clerkships: must complete 10 credits
RPAP Elective (first 6 weeks)	Pediatrics (6 weeks)
RPAP Final Elective (last 6 weeks)	OB/GYN (6 weeks)
Family Medicine (4 weeks)	Emergency Medicine (4 weeks)
Primary Care Selective (4 weeks)	Urology (2 or 4 weeks)
Surgery (6 weeks)	Orthopedic Surgery (2 or 4 weeks)
	RPAP Optional Elective (2 weeks)

RPAP students complete at least 20 weeks of primary care medicine (including credit for RPAP electives, Family Medicine Clerkship and Primary Care Selective) with their primary preceptor and partners. Primary care time can be spent in ambulatory settings, hospital, nursing home, home visits, etc. During the beginning 6-week time the student is oriented by you to your practice, the community and your patients. The last 6 weeks allow for an opportunity to deepen their primary care continuity experience, and explore any remaining identified areas of interest. The other 8 weeks are apportioned during the nine months in a combination of specifically scheduled primary care weeks and “threaded” time where students participate in primary care at least **½ day every week** to have continuity with their primary preceptor’s patients.

In addition, students complete requirements for a number of additional clerkships while on RPAP. All students complete requirements for Surgery clerkship and, depending on the site and availability of preceptors in a community, students will complete requirements for some of the following clerkships: Pediatrics, Women’s Health, Emergency Medicine, Urology, and Orthopedic Surgery.

Students are provided with course requirements for each course and should share them with you and potential preceptors. It is vital that all their preceptors review the syllabus and requirements for each clerkship that the student completes under their direction. In some sites, students will complete the requirements for these clerkships by threading their experiences across the nine months of RPAP. In other sites, they will complete these clerkship requirements by spending a block of time in the particular discipline. When that happens, students are still required to spend at least ½ day per week back in your practice to preserve some continuity with your patients. They are then also expected to make up that time in the specialty discipline by following patients from primary care into that discipline when appropriate. For example, if a patient followed in their family medicine practice is referred to a surgeon, the student may participate in that consultation, even if technically on a primary care block, and may scrub into surgery to follow that patient through their healthcare experience.

We encourage students and preceptors to arrange to thread their clerkship experiences longitudinally across the nine months wherever feasible. The educational literature shows that students retain their learning best when they weave their clinical experiences across disciplines.

Students must keep checklists and logs of their procedures and activities for their clerkships. In addition, they have required RPAP activities they must complete throughout the nine months as listed in Student Activities section of this Handbook. On the RPAP *BlackBag* site they access lectures and presentations required to complete their clerkship requirements. In general, students really enjoy their clinical time and try to maximize it. While time spent on patient care with you is critical to their learning, they also need time to review their online materials and we ask that you create space in their schedules to complete these activities in addition to patient care.

## Student Orientation (First 2 Weeks)

- **START SLOWLY.** Take some time to show your student around the hospital and clinic. Introduce your student to other health professionals and staff and help your student get established and familiar with policies and practices in your community.
- Discuss mutual expectations for the 9 months of RPAP. Give your student an overview of the depth of medical care that you provide in your community. Tell them about all the outreach physicians who serve your community and how they can enhance their learning by engaging these physicians as well.
- Explain established and effective practice routines within the clinic, hospital, emergency room, nursing home and the call procedures.
- Explain the effective use and role of clinical health personnel to the student. Introduce him/her to each health care professional and explain the RPAP student's role in interacting with patients, staff and other health care professionals.
- Together with your student, complete their **Learning Contract**. This will help formalize both of your thoughts on important goals for the nine months. The time will go quickly and it helps if students take time with you in the beginning to plan.

## Preceptor as a Role Model and Mentor

You have the opportunity to be a tremendous influence on the future professional life of the RPAP student. Welcome her or him into your professional life in the clinic, hospital and community. Include the student in your professional duties beyond clinical care – administrative meetings, hospital committees, quality improvement projects. Students are also interested in your personal lifestyle and involvement in the community. What you say and do is extremely important in your student's professional education. If you are enthusiastic, honest and carry a positive attitude, the student will feel comfortable, confident, and inspired by your presence and guidance.

## RPAP Learning Contract sample

This is a document to be completed at the beginning of the RPAP year with your Primary Preceptor. It will guide you during the year to assure that you and your preceptor plan your schedule for your educational requirements and your unique educational and personal goals. It may be changed or amended as needed.

Confirm preceptor attendance at your Communication Session and Specialty Faculty Visits

CS #1 \_\_\_\_\_

SFV #1 \_\_\_\_\_

SFV #2 \_\_\_\_\_

SFV #3 \_\_\_\_\_

SFV #4 \_\_\_\_\_

CS #2 \_\_\_\_\_

1. Required Clerkships to complete and time frames and preceptor:

a. RPAP Elective – First 6 weeks \_\_\_\_\_

b. Family Medicine Clerkship \_\_\_\_\_

c. General Surgery \_\_\_\_\_

d. Primary Care Clerkship \_\_\_\_\_

e. Others (list) \_\_\_\_\_

f. \_\_\_\_\_

g. \_\_\_\_\_

h. RPAP Elective - Last 6 weeks \_\_\_\_\_

2. If completing Surgery, OB/GYN, Urology, EM, Ortho – will you complete in a block, or threaded?

\_\_\_\_\_

3. If some are blocked, which ½ day per week will you return to primary care clinic for continuity?

\_\_\_\_\_

4. On-line curriculum includes: EBM and CHA Project; FM and Peds Cases; SFV presentation prep; exam prep; educational modules and assignments. Be sure to create time for reading and study, even if “blocking” clinical work.

Weekly time scheduled for study:

\_\_\_\_\_



5. Weekly time schedule for reading related to clinical care of patients and clinical discussions with preceptor:

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6. Individual Interest Areas with Plans for Exposure and Evaluation:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

7. Agreement and arrangement for Student Evaluation and Feedback.

Schedule feedback sessions every 3-4 weeks in addition to formal clerkship assessments.

Monthly time scheduled for formal feedback:

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8. Vacation time planning (3 weeks total)

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9. Call Responsibilities- who, when, where is call taken with Primary Preceptor and other preceptors:

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10. Community Health Project Ideas and Plans. (Discuss deadlines with preceptor)

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11. Ideas for Integrating in to other aspects of hospital or clinic care e.g. Quality Improvement Committee, Clinic Operations Committee, Emergency Medicine or Obstetric Department Meetings, Medical Staff Meetings, etc.

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Signatures and Date

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Student signature and date

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Primary Preceptor signature and date

## The Preceptor's Role

Direct observation of the student seeing patients is the best way to assess the student and form the basis for teaching. Try to observe the student directly at least a couple times a week to assess their knowledge and skills with patient interviews. Consider doing “in room” precepting to save time and engage the patient in the medical management discussion.

- Take time to instruct, supervise, answer questions, and provide feedback to the student. To protect this time, you may find it necessary to reduce your patient load, at least initially.
- Review the list of patients you see each half-day and “assign” the student certain patients. Briefly review with the student what you would like to see as a “deliverable” in the patient encounter if you know the patient well.
- Demonstrate diagnostic and procedural skills appropriate to primary care physicians, and allow the student ample opportunity to perform these under your supervision. Help build confidence so he/she will be able to do procedures and develop skills commensurate with their level of training.
- Help the student develop continuity of care with patients by observing treatment outcomes and participating in ongoing care of individual patients and their families.
- While students should not be expected to see as many patients as you see during the day, they do need to learn how to care for patients in a timely fashion in the office.
- Meet with students on a weekly basis to discuss cases the student has seen and to review the primary care topics. Take time for feedback. Hallway discussions and off-hand feedback are not as powerful as sitting down and having an unhurried dialogue with the student. Give the student an opportunity to talk about particular patients and present one or more cases to you for critique.
- Review the student's professional progress (charts, records, the student checklists and activity log) and discuss any personal problems they may have. This time can also be used to assess and modify your “student-preceptor contract” so it is consistent with your expectations and experiences. Encourage the student to give you feedback about your teaching as well.
- Help students develop a differential diagnosis and general treatment plan. Preceptor questioning, support, and reasoning will help most if given after students make a diagnostic decision. Challenge the students, help them to think about how and why a diagnosis was made and what they need to do to confirm or reject it, as well as elements of treatment. The emphasis during the third year of medical school is on refining the history and physical, developing a differential diagnosis and managing common illnesses. Medical students need to be aware of general aspects of treatment, but the finer particulars of treatment such as doses of drugs do not have to be emphasized.
- Formal evaluations are needed approximately every six weeks. The RPAP program will email you a link to complete the evaluation through an online E\*Value system used for medical school clerkships. Please complete the online form and discuss it with the student. The form provides the format for your verbal discussion with your student. You have a wonderful opportunity to observe your student over an extended period of time, and provide feedback that can then be reviewed at the next evaluation. *The written comments are particularly important as they form the basis for their performance letter for residency application.*

## RPAP Preceptor Guide “ONE PAGER”

Thank you for agreeing to teach a RPAP student. Your time with the student is important and will be impactful. This guide will help you and the student create the best educational learning environment. Your efforts to teach are appreciated by the student and the University of Minnesota Medical School.

Below is a list of ideas that can make the time you spend with the student fun and educational.

First, remember you are a **role model** to the student. Your actions and words impact the students in deep ways that may last a lifetime. Remember to temper any “dis- satisfactions” you might have when you are in the presence of the student.

On the first day, **describe your practice** briefly to the student and what you expect in your time with the student. Show them how the process works in your clinic and how you work with support staff, like nursing and lab. Students who have this knowledge can greatly facilitate patient care for you.

Students appreciate the **opportunity to see patients themselves** and come up with an assessment and plan. Introduce the student to your patients and explain the process on how you also will be seeing the patient later and coming up with a joint plan of care.

Use of the **5 Micro Skills of Precepting** is very helpful in teaching. (Further information is available at [www.stfm.org](http://www.stfm.org)).

1. Get a commitment from the student on what they think is occurring
2. Probe for Evidence on what makes them think this
3. Reinforce what was done well
4. Correct Mistakes (if any)
5. Teach General Rules and Encourage Reflection or extra reading on the case

At least once per week **directly observe the student** doing some part of history, exam, or patient education.

Ask the **student do reading or briefly research** a case you see together and report those findings to you the next day.

Set aside time **each day to review progress** and answer any questions. This can be as short as 5 minutes if you are particularly busy. If you have more time, then the student will gain even more. If you are with the student for more than a week, then set aside a weekly debrief session of about 15-30 minutes.

Demonstrate and have the students **assist with procedures** when able. Students greatly appreciate being able to do active learning of procedures.

**Talk with the student about your specialty** and why you chose it. Tell them what is great about living and working in the area. Do not make negative comments on other specialties.

**Call the RPAP office** (612-624-3111) if you have significant concerns about a student.

## THE SNAPPS MODEL

### How to help your students do a Great Case Presentation

Case presentations are one of the most fundamental skills needed by physicians to communicate essential clinical data. Many times case presentations by students and other novice learners are very disorganized and difficult for the preceptor to understand. This unorganized approach wastes time and also can put patients at risk because critical data is omitted and the teacher has limited ways to understand the thinking process used by the student. Medical Students and residents can use the 6 step SNAPPS model to effectively organize case presentations in the educational setting. Preceptors who help their students use the SNAPPS model help create critical thinking skills in their students and other learners. This greatly enhances the student's clinical effectiveness and abilities in caring for patients.

The steps in the model are:

1. Summarize briefly the history and findings.
2. Narrow the differential to two or three relevant possibilities
3. Analyze the differential by comparing and contrasting the possibilities
4. Probe by asking questions about uncertainties, difficulties, or other approaches
5. Plan management for the patient's medical issues
6. Select a case related issue for self-directed learning.

RPAP recommends that Clinical Preceptors urge students to use the SNAPPS model of presenting a case. We feel this will lead to enhanced educational benefits for the students, and also enhanced clinical care of the patient in a time effective manner. We understand that not all cases are appropriate for SNAPPS presentations, and that certain cases may have more focused learning opportunities that can be accomplished in a different manner. However use of SNAPPS will help students with more complex patient situations and the model should be encourage when doing more comprehensive assessments.

Further information on SNAPPS can be obtained from the journal [Academic Medicine](#)

We hope you have an enjoyable time teaching, we thank you for your efforts, and we welcome any feedback on ways to enhance the education of RPAP students.

## Planning Student Activities

- Integrate students into “day-to-day” practice activities in a way that stresses continuity of care.
- Schedule regular student reading time for 1-2 hours daily.
- Schedule students for call when you’re on call. Students are to be on call no more often than every 4th night and every 4th weekend. As a minimum, however, students should take call one night a week and one or two weekend days a month. Students should not be on call the night before scheduled RPAP activities (Communication Session Visits and Specialty Faculty Visits) or before they take examinations.
- Introduce your colleagues and orient them to the role of the student and the student’s abilities, especially if they are to work with your student in your absence. Preceptor designees should be familiar with the RPAP objectives and goals prior to working with students.
- Assign 3-4 nursing home patients, if possible, to the student, to care for and follow throughout the year under your or another colleague’s supervision. This involves total supervised care of these patients in the extended care facility, clinic and hospital environments.
- Your student also has required responsibilities assigned by RPAP:
  - Four specialty faculty visits from the following specialties: (Family Medicine, Medicine, Pediatrics, Women’s Health and Surgery). During these visits they must do formal oral presentations of cases and select one aspect of each case to teach their peers about.
  - Two RPAP communications sessions.
  - Completion of an Evidence Based Medicine Project and a Community Health Assessment project and poster presentation.
  - Completion of significant online reading assignments for each of their clerkships.

Please be supportive of these learning activities and help them prepare for faculty visits by reviewing write-ups, listening to case presentations, or by asking questions that help them think.

- Negotiate the time of the students’ vacation with them. All RPAP students receive 3 weeks vacation (15 working days) to be taken at a time that is mutually agreeable to the student and the preceptor. Students may choose to schedule their vacation to coincide with campus holidays. Student vacations should not conflict with the regularly scheduled RPAP visits.

## RPAP Projects

RPAP students must complete two projects during the nine months:

1. The **Evidence-based Medicine project** is a requirement of the Family Medicine Clerkship and has detailed descriptions on how it should be completed. It includes the development of a patient education brochure that you may find useful in the clinic.
2. The **Community Health Assessment Project** is intended to assess a specific health issue within your community and begin to develop a plan to address it. Details and requirements of the project are found on the RPAP Black Bag site with all the other course materials. This project may be something you would choose to implement within the clinic or community and may be something that the next RPAP student would continue to work on.

## RPAP Faculty/Student Visits

### COMMUNICATION SESSIONS AND SPECIALTY FACULTY VISITS

Preceptors are encouraged to participate in the various RPAP faculty visits to their community. The RPAP faculty welcomes your presence when possible. Sessions generally begin about 9:30 AM and are completed by 3:00 PM. **During this time the student should not have any other clinical duties.**

**Two types of visits are made by the U of MN RPAP Faculty:**

- Communication sessions provide an excellent opportunity for you to join the RPAP faculty in assessing your student's strengths and weaknesses in patient interviewing skills.
- Specialty Faculty Visits are the second type of visit. Students will be assigned to groups of 3-4 students for Specialty Faculty Visits and will meet 4 times during the year at various community locations for these educational sessions.
  - If your student is hosting the Specialty Faculty Visit, they are responsible for making local arrangements for meeting space and food. Notices should be posted for the visiting faculty noon lecture and luncheon arrangements should be made.

## **University of Minnesota RPAP Faculty Visit Evaluations**

### Communication Session Visits: Evaluated Skills

- Creates Rapport
- Elicits all the patients concerns
- Plans the visit with the patient
- Elicits the patients perspective
- Addresses impact on patient's life
- Demonstrates empathy and nonverbal communication
- Makes an empathic statement
- Delivers diagnostic and examination information in easily understood language
- Uses Electronic Medical Record Effectively
- Addresses the patient's main concerns when discussing clinical recommendations and plans
- Involves patient in decision making
- Uses Motivational Interviewing skills when applicable
- Case Presentation skills/Documentation

### Specialty Faculty Visits: Evaluated Skills

- Oral Case Presentation
- Use of Clinical Sources
- Diagnosis
- Therapeutic Plan
- Academic Sources
- Participation
- Professional Integrity

## **Your Student Evaluations**

You (and any other physician precepting the student) must complete an on-line performance evaluation on the student for each clerkship. Please include comments where appropriate within the evaluation. ***This evaluation constitutes the majority of the grade.*** The comments given are very important and are used for preparation of the Dean's letter and for residency application. Inform your student of the ratings and discuss the evaluation with him/her. This is a critical opportunity for you to provide vital verbal feedback to the student on areas where they need focus, and where they excel. You will receive the evaluation via e-mail notification and must fill it out through the E-value system used by all courses in the medical school. Directions are on the following page.

**All evaluation must be completed by the end of RPAP. Please be aware that delays in completing the evaluation may compromise your student's grade and financial aid due to an incomplete record.**

### **KEYS TO A SUCCESSFUL EVALUATION PROCESS**

- Be honest with the student on a day-to-day, week-to-week basis, and then a formal evaluation will come as no surprise to either of you. Try to give some feedback at the end of each day if possible.
- Evaluations should comment on progress and improvement when it occurs.
- Don't over-rate or inflate the grade of the student. Being an average student is no failure!
- Provide constructive criticism. IF NECESSARY, give critical evaluation. This can be very difficult, but it needs to be done. It is your responsibility as a preceptor. Please contact the RPAP office if you feel the student needs to be given this type of evaluation. Students need to know where there is a need for improvement.
- It is best to be honest with the student and NOT do the "sandwich" technique where negative feedback is given between two "layers" of positive feedback.



*This is a sample of the style of quantitative questions you will be asked about the student as well as the areas for listing written comments and feedback. Please review the anchors carefully for each category.*

## **E\*Value Evaluation Of Medical Student Performance - SAMPLE**

**ATTENTION EVALUATORS:** While “Meets Expectations” appears to yield a 50% clinical grade, each clerkship has a strategy for normalizing grades such that “Meets Expectations” yields a passing clinical grade. Please continue to evaluate students based on your best judgment using the rubric as a guide.

*(Question 1 of 18 - Mandatory )*

<b>Medical Knowledge:</b>	<b>Below Expectations</b>	<b>Meets Expectations</b>	<b>Above Expectations</b>	<b>Far Exceeds Expectations</b>	<b>N/A</b>
<b>Data Gathering &amp; History Taking</b>	<ul style="list-style-type: none"> <li>• Insufficient or inaccurate information</li> <li>• Makes too many assumptions or relies on history of others</li> <li>• Problems generally not well prioritized</li> <li>• History often not tailored appropriately to focus on patients' problems</li> </ul>	<ul style="list-style-type: none"> <li>• Complete on uncomplicated patients with past and current treatments for most problems</li> <li>• Histories on complicated patients may be disorganized or redundant</li> <li>• Identifies and prioritizes most routine problems</li> <li>• Usually tailored to be focused on patients' problems</li> </ul>	<ul style="list-style-type: none"> <li>• Complete, missing less critical information</li> <li>• Trouble with most medically complicated or difficult patients</li> <li>• Identifies problems and usually prioritizes</li> <li>• Consistently tailored to be focused on patients' problems</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently complete and well-organized even on complicated patients</li> <li>• Misses only detailed historical information (e.g. side effects to uncommon drugs, rare disease complications)</li> <li>• Obtains pertinent information from medical record</li> <li>• Identified and prioritizes problems even on complex patients</li> <li>• Consistently tailored to be focused on patients' problems</li> </ul>	
	1.0	2.0	3.0	4.0	0

*(Question 2 of 18 - Mandatory )*

<b>Medical Knowledge:</b>	<b>Below Expectations</b>	<b>Meets Expectations</b>	<b>Above Expectations</b>	<b>Far Exceeds Expectations</b>	<b>N/A</b>
<b>Application of Knowledge</b>	<ul style="list-style-type: none"> <li>• Fund of knowledge below expected</li> <li>• Doesn't recognize some common disease patterns</li> <li>• Unable to apply knowledge to a clinical situation</li> </ul>	<ul style="list-style-type: none"> <li>• Fund of knowledge adequate</li> <li>• Usually identifies all common patterns of signs and symptoms</li> <li>• Usually applies knowledge correctly</li> </ul>	<ul style="list-style-type: none"> <li>• Fund of knowledge more than adequate</li> <li>• Consistently identifies all common patterns of signs and symptoms</li> <li>• Consistently applies knowledge to clinical situations correctly</li> </ul>	<ul style="list-style-type: none"> <li>• Extensive fund of knowledge</li> <li>• Consistently identifies all common patterns of signs and symptoms</li> <li>• Constructively contributes to diagnostic and treatment plans</li> </ul>	
	1.0	2.0	3.0	4.0	0

Clinical Objectives Rated *Below Expectations* (Question 16 of 18 )

List out specific reasons/examples for each Clinical Objective you rated Below Expectations

**Summary Comments for Dean's Letter** (Question 17 of 18 )

Give your impressions of the student's overall clinical performance. Indicate any significant professional or personal strengths and weaknesses.

**Additional Constructive Feedback** (Question 18 of 18 )

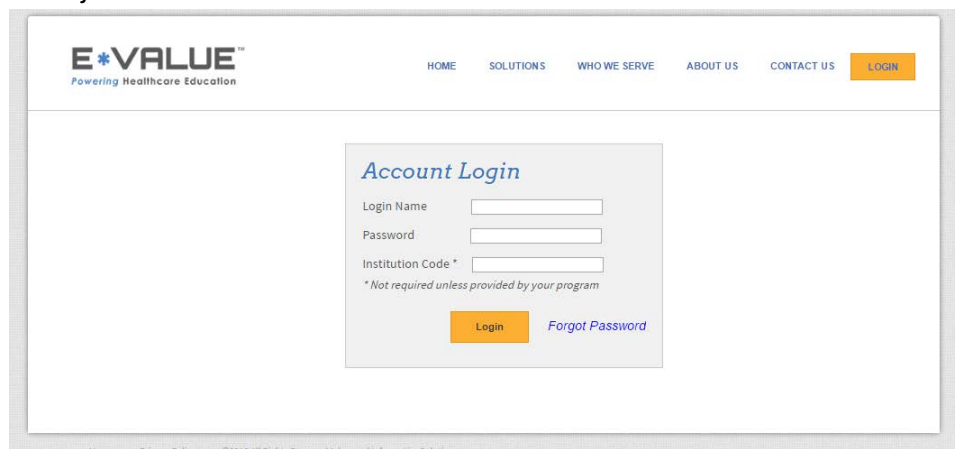
Give any constructive feedback not already mentioned above, for use by student and advisor in planning future study; **not for use in the Dean's Letter.**

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.

**E\*Value On-line Evaluations**  
**<https://www.e-value.net>**

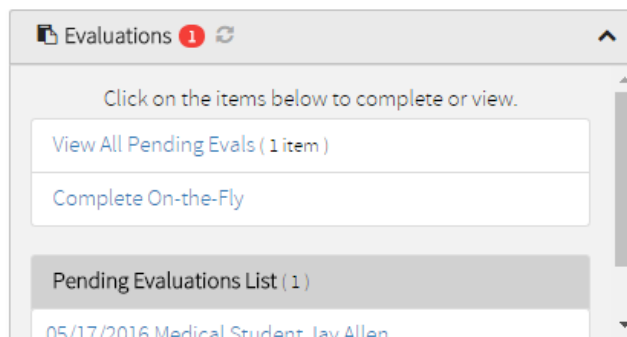
## E\*VALUE Directions for Educators

1. When you are initially assigned an evaluation, you will receive an email with a link to the site. However, you always have access to the system
  - a. Go to [www.e-value.net](http://www.e-value.net) and log in with your username & password for E\*Value (no Institution Code required). If you need your login information, please contact your coordinator, or [med-eval@umn.edu](mailto:med-eval@umn.edu). You can also use the "Forgot Password" function.



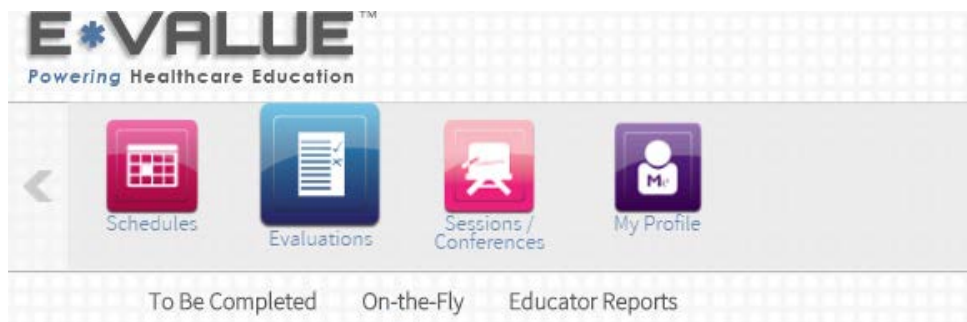
The screenshot shows the E\*VALUE website's login interface. At the top, the logo "E\*VALUE™ Powering Healthcare Education" is on the left, and navigation links "HOME", "SOLUTIONS", "WHO WE SERVE", "ABOUT US", "CONTACT US", and a "LOGIN" button are on the right. The main content area features a box titled "Account Login" with three input fields: "Login Name", "Password", and "Institution Code \*". Below the fields is a note: "\* Not required unless provided by your program". At the bottom of the box are two buttons: "Login" and "Forgot Password".

2. On your home screen, you will see an "Evaluations" box that will alert you if you have any evaluations to complete



The screenshot shows a "Evaluations" box with a red notification badge showing the number "1". Inside the box, it says "Click on the items below to complete or view." There are two buttons: "View All Pending Evals ( 1 item )" and "Complete On-the-Fly". Below these is a section titled "Pending Evaluations List ( 1 )" which contains a single entry: "05/17/2016 Medical Student Jay Allen".

3. You also have the option of using the blue “Evaluations” icon at the top of the page and then choosing “To Be Completed”



4. If you have any evaluations in queue in which you did not interact with the student, you can **SUSPEND** these evaluations. Suspended evaluations will not count against your evaluation completion compliance.
  - a. To suspend an evaluation, choose the “To Be Completed” icon and then click the “Suspend” link next to the specific evaluation

Activity: MED 7900 Sub-Internship in Critical Care: UMMC - Fairview, MICU				Site: University of Minnesota Medical Center		
Period: Period F3 Beginning				Time Frame: 10/19/2015 through 11/01/2015		
Edit/Status	Suspend	Evaluation Type(s)	Subject	Request Date	View Image	View Printable Evaluation
<a href="#">Edit Evaluation</a>	<a href="#">Suspend</a>	Medical Student	[REDACTED]	11/13/2015	<a href="#">View Picture</a>	<a href="#">View/Print</a>

## **Medical Student Doing Histories and Physicals**

**Q. What patient care activities, such as the History and Physical, can a medical student perform and document in the medical record?**

- A. A medical student has no legal status as a provider of health care services. The organization should have policies and procedures, which address the activities of medical or other students and what documentation from students can be entered into the record.

With regard to whether a history and physical by a medical student can fulfill the requirements for a history and physical as required the history and physical entered into the record must be performed, documented and authenticated by a practitioner with privileges to do so, or delegated to a non-LIP when allowed by law and regulation, see the FAQ "History and Physical - Delegation to Non Licensed Independent Practitioners". Since the medical student is not an LIP, the History and Physical by the medical student would not fulfill the requirements.

In addition, it may be acceptable, in accordance with organization policy and law and regulation, for students to perform certain patient care activities under the direct supervision of a qualified LIP who enters and countersigns appropriate documentation in the medical record, as required by organization policy, and accepts legal accountability for those activities and documentation.

## **JCAHO GUIDELINES FOR MEDICAL STUDENTS**

<https://www.jointcommission.org/>

## **CMS Guidelines for Teaching Physicians, Interns, and Residents**

ICN 006347 February 2015

### **E/M Documentation Provided by Students**

Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or resident in a service that meets teaching physician billing requirements. Exceptions to this requirement are review of systems [ROS] and/or past, family, and/or social history [PFSH], which are taken as part of an E/M service and are not separately billable. The student may document services in the medical record; however, you may only refer to the student's documentation of an E/M service that is related to the ROS and/or PFSH. You may not refer to a student's documentation of physical examination findings or medical decision-making in your personal note. If the student documents E/M services, you must verify and re-document the history of present illness and perform and re-document the physical examination and medical decision-making activities of the service.

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

## **Guidance on Constructing Letters of Reference for RPAP Medical Students Applying to Residencies**

### **Preparation**

- **IN GENERAL** – Be honest with the student about whether you can write a supportive letter of recommendation. Sometimes the kindest, most responsible thing we can do for a student is to refuse to write a letter of recommendation. Make sure before you commit to write it that you believe you know the student well enough to write a strong letter. Remember we write letters as a professional courtesy and because others wrote them for us, not because we need the student's gratitude. It is a service to our profession.
- **COLLECT INFORMATION** – Find out as much about the candidate for whom you are writing as possible. Ask for their current CV. Meet with the student to discuss career goals, programs to which they might apply and other pertinent information. Ask them their opinions of their accomplishments and shortcomings. Such a discussion fosters honesty and can allow including the student's self-reflection as part of the text.

### **Letter Content**

- **LENGTH OF THE LETTER** - Don't make the letter too short, because it will give the reader a negative impression of the candidate. Letters of recommendation should be between one and two pages. The more detail in the letter, the more persuasive. Short letters with no detail carry no weight and can have a negative impact.
- **INTRODUCE YOURSELF AND THE CANDIDATE** – The following is described by residency program faculty as key information. Begin the letter by describing how you know the candidate and for how long. Stating that you have worked with the student through the RPAP program during the nine months the student was in your community is an important fact to include. Briefly state your own qualifications/background and describe your practice so people who don't know you can decide whether to trust your judgment. Give context to your relationship with the student. Typically in RPAP you have had the opportunity to work with a student more intensively and for longer than in more traditional medical education settings. That makes your assessment much more valuable and it is imperative you describe this. If you have had a number of students with you in the past, mention this so it is clear you have some measure to compare this student with others.
- **GENERATING DETAIL** – Give meaningful examples of achievements and provide stories or anecdotes that illustrate the candidate's strengths. Don't just praise by using generalities (such as "quick learner") but say what the candidate did to give you that impression. Research shows that the specificity of the examples used in a letter enhances the perceived credibility of the writer, in some cases even more so than numerical data. These details will show you have a strong relationship and also bring the candidate alive on the page. Comparing the student to others, details of what your colleagues think of the student, what patients think and discussing the student's contribution to the healthcare team are ways to present concrete examples.

- **TALK ABOUT PERSONAL ATTRIBUTES** – Tie your examples directly to traits and qualities that residencies seek, such as initiative, aptitude, willingness to learn, scholarship, enthusiasm, leadership, self-motivation, communication skills, and ability to work with others.
- **Make IT MEMORABLE** – Put something in the letter the reader will remember, such as an unusual anecdote, or use an unusual term to describe the candidate. This will help the application stand out from all the others.
- **BEWARE OF WHAT YOU LEAVE OUT** – remember that what is not said in a reference letter can be just as important as what is said. If you don't mention a candidate's leadership skills or his or her ability to work well with others, for example, the letter reader will wonder why.
- **AVOID TOO MUCH PRAISE** – Though by definition a recommendation letter will always be complimentary and flattering, recommenders serve their students best by writing a letter where superlatives are backed up by demonstrative examples, and where statistics about student ranking or quality are used with consistency and great care. Carefully worded weaknesses or deficiencies can add balance and credibility to a letter. Faculty can effectively recommend students even while acknowledging areas where growth is needed.
- **AVOID GENERIC PHRASES** – “I recommend him highly and without reservations”, “one of the best students I ever had” and others may be necessary to assure the reader that you have no concerns in your recommendation, but at the same time are used so often that they may become less notable.. A more creative and meaningful approach is to use sentences of more substance that fit the circumstances and the student directly. “I think he would be an excellent candidate for your residency program and I enthusiastically endorse his application” or “She will be a rare catch for any residency program, and I will watch her career develop with great interest and high expectations” are examples.

### **Closing the Letter**

- A final statement summarizing your enthusiasm for the candidate is often very useful in focusing the reader's attention on your conclusions and your excitement for the candidate.
- Conclude the letter by offering to be contacted should the reader need more information or have questions. Sign off with “sincerely” or something similar then put your handwritten signature beneath. Include your typed name and title on separate lines beneath that. Your title connects you to the student directly and affirms your credibility and affiliation. If you have a clinical adjunct appointment, use that title. Be sure to use the title “RPAP community preceptor” also. Many writers include the initials of their degrees as well, and many include their phone number and e-mail address under their title to facilitate easy follow-up contact.



## **PRECEPTOR RESOURCES**

### **Textbooks used in RPAP clerkships**

#### Family Medicine

##### **Recommended Textbook - optional reading:**

Sloane, PD, Slatt, LM, Ebell, MH, Power D, Smith, MA, and Viera, A, eds. Essentials of Family Medicine, 6th edition. Lippincott Williams & Wilkins; 2011.

#### Surgery

##### **Suggested Textbooks**

Cope's Early Diagnosis of the Acute Abdomen (Cope, Z. & Zilen, W., 2005, Oxford University Press). This is a classic text, and is commonly available in medical libraries and practices.

We recommend:

- Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice
- Schwartz's Principles of Surgery
- American College of Surgeons (ACS) Surgical Review

#### Additional Recommended Articles and Readings:

##### Fluids, Electrolytes, and Nutrition Readings:

1. O'Leary, Williams and Wilkins, The Physiologic Basis of Surgery 2nd Edition, 1996. Pp 75-83 and 100-112.
2. Sabiston, W.B., Textbook of Surgery: The Biological Basis of Modern Surgical Practice 15th Edition, Saunders. 1997. Pp 92-111 and 137-175.
3. Surgery: Scientific Principles and Practice 2nd Edition, Greenfield, Lippincott-Raven, 1997. Pp 242-266 and 53-66.

##### Gastrointestinal Bleeding Readings:

1. Schlindert RT and Kelly KA, "Upper Gastrointestinal Bleeding" Scientific American: Care of the Surgical Patient VIII Common Clinical Problems (7) 1996.
2. Schnitzler M and Meleod RS, "Lower Gastrointestinal Bleeding"
3. Turnage R, "Acute Gastrointestinal Hemorrhage" Surgery: Scientific Principles and Practice 2nd Edition, Greenfield, Lippincott-Raven, 1997.
4. Young HS, "Gastrointestinal Bleeding" Scientific American: Medicine Vol 4 (X) 1998.

##### Hernias Readings:

1. Lawrence PF, Essential of General Surgery, 2nd Edition, Williams & Wilkins, Baltimore, 1992. Chapter 15, pages 166-175.
2. Nyhus LM and Condon RE, Hernia. 4th Edition. JB Lippincott Co, Philadelphia, 1995. Chapter 2, pages 16-29.
3. Way LW, Current Surgical Diagnosis and Treatment. 10th Edition, Lange Medical Publications. Chapter 33, pages 712-721.

##### Bowel Obstruction Readings:

1. Lawrence PF, Bowel Obstruction, from Essentials of General Surgery, 2nd Edition. Williams & Wilkins, Baltimore, 1992. Chapter 18, pages 210-214; Chapter 7, pages 65-67; pages 79-81
2. Nelson RL and Hyhus LM, Surgery of the Small Intestine. Appleton and Lange, Norwalk CT, 1987. Chapter 21, pages 267-282.
3. Way LW, Current Surgical Diagnosis and Treatment. 10th Edition. Lange Medical Publications. Chapter 30, pages 623-628.

##### Endocrine Disease Readings:

1. Wey LW, Current Surgical Diagnosis & Treatment, 10th
2. Cady B, Rossi RL, Editors: Surgery of the Thyroid and Parathyroid Glands
3. Polk HC, Gardner B, and Stone H: Basic Surgery
4. Lawrence PY, Bell RM, Dayton MT: Essentials of General Surgery, Ed. 2, Williams & Wilkens.

## Emergency Medicine

### CDEM Reading Modules

The following reading modules are based on the national curriculum developed by the Clerkship Directors in Emergency Medicine (CDEM). These are self-study modules offer substantial information on core topics in Emergency Medicine and are the basis for the final examination questions you will be taking.

This section provides students a list of "**approach to**" modules for a specific chief complaint. Each one gives you an idea of not only what critical diagnoses to consider, but also what initial actions must be taken even before arriving at a definitive diagnosis.

[Approach to Abdominal Pain](#)

[Approach to Altered Mental Status](#)

[Approach to Cardiac Arrest](#)

[Approach to Chest Pain](#)

[Approach to GI Bleeding](#)

[Approach to Headache](#)

[Approach to Poisonings](#)

[Approach to Respiratory Distress](#)

[Approach to Shock](#)

[Approach to Trauma](#)

## Pediatrics

There is no required text.

## Orthopedic Surgery

### Required Reading

The required readings will consist of multiple, brief chapters from the *Essentials of Musculoskeletal Care*, edited by Walter B. Green, M.D. The chapters will be directed at the student's particular area of interest. All students will be expected to read the chapters concerning physical examination of each musculoskeletal region.

## Urology

### AUA Medical Student Curriculum

<http://www.auanet.org/education/medical-student-core-content-and-other-resources.cfm>

- Acute Scrotum
- Pediatric UTI
- Urinary Stones
- Incontinence
- BPH
- ED
- Hematuria
- Prostate Cancer/PSA

## Online Preceptor Resources

**Medical Educator Development and Scholarship (MEDS):** Review the Medical Educator and Scholarship website at <http://www.meded.umn.edu/meds/workshops/> to find workshops and on-line resources that may be useful to you in clinical teaching.”

**The Teaching Physician:** We have a group subscription to The Teaching Physician, which is an online resource that addresses many precepting and teaching questions. Please notify us if you wish to participate in this resource and we will arrange your access. You may receive CME credit for participation.

**MedEdPORTAL:** This is a website devoted to teaching that is maintained by the American Association of Medical Colleges. MedEd Portal. Available at: <https://www.mededportal.org/>. Accessibility verified July 9, 2015.

**Precepting and evaluating medical students in your world:** This brief Power Point presentation, first given at the 2016 STFM conference on medical student education, teaches and reinforces the key aspects of teaching through precepting using the **One Minute Preceptor** model, effective and timely feedback and formal evaluation of students at the end of their rotation. Available at: [fmdrl.org/index.cfm?event=c.getAttachment&riid=9605](http://fmdrl.org/index.cfm?event=c.getAttachment&riid=9605)  
Accessibility verified April 27, 2016

**University of Minnesota Medical School website,** <http://www.med.umn.edu/about>  
Committed to innovation and diversity, the Medical School educates physicians, scientists, and health professionals; generates knowledge and treatments; and cares for patients and communities with compassion and respect.

**Medical School Blog,** <http://www.med.umn.edu/news-events/medical-school-blog>  
Medical School News features stories, events, and people that make up the U if M Medical School.

**Medical Bulletin,** <http://www.med.umn.edu/news-events/medical-bulletin>  
The Medical School's award-winning magazine, Medical Bulletin, is published twice a year by the University of Minnesota Foundation.

**BRIEF,** <http://brief.umn.edu/home>  
Weekly internal news digest for all campuses

**Continuum,** <http://www.continuum.umn.edu/>  
News and events from University Libraries

**Minnesota Daily,** <http://www.mndaily.com/>  
The Minnesota Daily is an entirely student produced and managed newspaper serving the University of Minnesota campus and surrounding community.

**RPAP Website,** <http://z.umn.edu/rpap>  
Information on our program and faculty

**RPAP Facebook,** [www.facebook.com/rpapumn](http://www.facebook.com/rpapumn)  
You might find a picture of yourself and your RPAP student on here some day!

## Adjunct Faculty Benefits

The RPAP and MetroPAP programs encourage Primary Preceptors to apply for adjunct faculty appointments at the University of Minnesota Medical School in the Department of Family Medicine and Community Health. Below we list some of the benefits that are available to our adjunct faculty. Please contact our office at [rpapumn@umn.edu](mailto:rpapumn@umn.edu) if you are the Primary Preceptor and wish to apply for an adjunct faculty appointment.

### **BENEFITS**

#### **University of Minnesota Medical School**

#### ***Department of Family Medicine and Community Health***

#### **Unsalaries Core, Affiliate and Adjunct Faculty Members**

A University of Minnesota email account and X500 ID is generated by the central Office of Information Technology.

To activate your university email account contact the Office of Information Technology.

<http://it.umn.edu/services/faculty-staff/getting-started-guide>

You'll need to obtain a U Card in order to access many university facilities, including the libraries and discounted services, etc. U Card Office: <http://ucard.umn.edu/umtc/home> or (612) 626-9900

#### **Bio-Medical Library (612) 626-5653**

**Web site:** <https://hsl.lib.umn.edu/biomed>

The resources and services of the Bio-Medical Library, and those of all University Libraries, are available. Faculty may check out books and journals, request reference assistance; obtain librarian-mediated computer searches on health topics; and attend classes on information management and Internet use. Faculty may access the bibliographic and full text databases provided by the libraries from their home or office. Specialized collections of the Bio-Medical Library include the Wangenstein Historical Library of Biology and Medicine, and the Drug Information Service (a substance abuse collection).

#### **Library Research (612) 624-2558**

**e-mail:** [johns842@tc.umn.edu](mailto:johns842@tc.umn.edu) **fax:** (612) 624-5930

The Department of Family Medicine and Community Health/Library Services is available for library searches and for obtaining copies of requested materials. Requests for this type of service should include specific details of the topic, subject, or disease about which information is being sought.

Send requests to:

Ross Johnson, Research Librarian

Department of Family Medicine and Community Health

Room 454-19

717 Delaware Street, S.E.

Minneapolis, MN 55455

[johns842@umn.edu](mailto:johns842@umn.edu)

Adjunct faculty members will be responsible for paying any costs charged by libraries for searches. Staff assistance and article photocopies are provided without charge.

#### **Athletic Facilities**

**Web site:** [www.gophersports.com/facilities](http://www.gophersports.com/facilities)

University of Minnesota Les Bolstad Golf Course is located at 2275 Larpentour Ave West. For more information call 612-627-4000.

Baseline Tennis Center is located at 1815 4th Street Southeast. Faculty members have access to 10 indoor tennis courts and eight outdoor tennis courts. Indoor tennis courts are available to faculty for a reduced fee. Outdoor courts are free of charge. Four additional outdoor courts are located on the St. Paul campus. For more information, call 612-625-1433.

Mariucci Arena, located at 1901-4th Street Southeast offers indoor skating opportunities for a fee. Call the open skate information line at 612-625-6648 for further information.

#### **Athletic Tickets (612) 624-8080**

**Web site:** <http://www.gophersports.com>

Season tickets for Minnesota Gopher football, hockey, basketball and other sporting events may be purchased at faculty/staff rates when available.

Ticket office hours at Mariucci Arena are Monday-Friday from 8:00 a.m.- 5:00 p.m.

#### **Campus Club (612) 625-9696**

**Web site:** <http://www1.umn.edu/cclub>

Membership in the University of Minnesota Campus Club, located in Coffman Memorial Union, is available, but members are responsible for the cost of membership dues, meals, and use of club facilities. Call 612-625-9696 for details.

#### **Computers (612) 626- 4276**

**Web site:** <http://it.umn.edu/hardware-software-purchasing>

Purchase discounted computers, software and hardware at the University's online computer store. Information and prices are available online at the above web site.

You may also contact University Computer Services (UCS) at 624-4800 if you are interested in purchasing a used computer.

#### **Continuing Professional Development (CPD) (612) 626-7600**

**Web site:** <http://www.med.umn.edu/cme>

Most courses offered by the Office of CME include a reduced fee for faculty. A CME conference schedule is available online. Please specify that you are faculty when registering over the phone. Office hours are Monday-Friday from 8:00 a.m. - 4:30 p.m.

#### **E-mail/Internet Account (612) 301-4357**

As a faculty member, you will automatically receive an e-mail/Internet account at no charge and be assigned an e-mail address. Please note that the University of Minnesota distributes a great deal of information via email, so we recommend that you access your university email account regularly or set up your university account to forward mail to your preferred email account. As noted above, if you do not know your account information, contact the helpline above.

#### **University of Minnesota Libraries, <https://www.lib.umn.edu/about/>**

Welcome to the [award-winning](#) University of Minnesota Libraries, one of the University's and the state's greatest intellectual assets.

Our [expert librarians](#) can connect you with the resources you need . . . from the millions of volumes held in our general collections to the treasures of our [archives and special collections](#), from [tools](#) to enhance your productivity to [programs and services](#) to help you expand the reach of your research. Whatever you're looking for, look to us to be your partners in learning, teaching, and research.

**Frederick R. Weisman Art Museum (612) 625-9494****Web site:** <http://www.weisman.umn.edu/>

Local and national exhibits are available at the Frederick R. Weisman Art Museum at no charge. Reduced admission for special events is available. Call 612-625-9494 for museum hours.

**James Ford Bell Museum of Natural History (612) 626-9660****Web site:** <http://www.bellmuseum.umn.edu>

The museum houses permanent exhibits on the life sciences and the "Touch and See Room," a favorite with children. Brochures and schedules may be obtained by calling the museum. Admission is free with a U Card. Hours are Tuesday-Friday, 9 a.m.-5 p.m., Saturday from 10 a.m. – 5 p.m., and Sunday from noon – 5 p.m.

**Northrup Memorial Auditorium and University Theatre Arts Ticket Office  
(612) 624-2345****Web site:** <http://www1.umn.edu/umato/index.html>

University Theatre productions are scheduled throughout the year in Rarig Center, at 330-21st Avenue South, Minneapolis, MN 55455. Adjunct faculty may receive a reduced rate for up to two tickets. In addition to regular productions, University Theatre provides pieces designed, produced and acted by students, and performed in the Experimental Theatre, and the Minnesota Centennial Showboat (in the summer.) Season tickets or tickets for individual shows may be purchased by calling Northrop Ticket Office at 612-624-2345 Monday-Friday, from 10:00 a.m.-6:00 p.m.

**Recreational Sports (612) 625-6800****Web site:** [recwell.umn.edu/facilities/index.php](http://recwell.umn.edu/facilities/index.php)

A membership in Recreational Sports provides usage access to both Minneapolis and St. Paul facilities. Membership rate information may be found at <http://recwell.umn.edu/membership/rates.php>. The University Recreation Center houses two fitness centers, fourteen handball and racquetball courts, five international squash courts, two gymnasiums, a kitchenette, steam rooms, locker rooms, family locker rooms, a pro shop, UCard office, deli and numerous lounge spaces.

The St. Paul Gym has a fitness center, indoor track, gymnasium, racquet and squash courts, a newly renovated swimming pool and a climbing wall.

Both facilities offer aerobics and cycling classes, personal training, fitness assessments, intramural sports, sport clubs, climbing/adventure programs and youth and community programs for an additional fee.

## **How Mobile Medical Apps on Your Smartphone Can Make You & Your Patients Smarter: Examples of Mobile Device Medical Apps**

### **ACLS Guide**

The critical care ACLS guide provides access to vital information needed in critical care circumstances.

**Compatibility:** requires iOS 7.1 or later; available for iPhone, iPad and iPod touch, as well as Android devices

*Available for purchase at \$5.99-\$7.99*

### **ACP Immunization Advisor**

This app accesses the CDC's current immunization schedule for adults over 19 years of age.

**Compatibility:** iOS devices only

*Free to all users*

### **AHRQ ePSS**

The Electronic Preventive Services Selector (ePSS) is an application designed and developed by the US Dept. of Health and Human Services (HHS), Agency for Healthcare Research and Quality (AHRQ). It includes the most up-to-date, age-specific US Preventive Services Task Force (USPTF) screening recommendations.

**Compatibility:** available for iOS 8, Android and Windows devices

*Free to all users*

### **ASCCP**

The American Society of Colposcopy and Cervical Cancer designed this app to provide clinicians with a comprehensive, user friendly app for the Updated Consensus Guidelines for managing abnormal cervical cancer screening tests. It includes detailed management recommendations and algorithms. The app is also available in Spanish.

**Compatibility:** available for iOS, and Android devices

Cost is \$9.99.

### **Brancel OB, newborn and Urgent OB, OrthoAnatomy and OrthoTrauma guides**

These are extensive, concise, rapid reference guidelines created for clinicians providing maternity, newborn care, orthopedic and trauma care. It's predecessor pocket guides have been updated annually for over 2 decades.

**Compatibility:** available for iOS and Android devices

*Cost is \$2.99-\$7.99 for each*

### **Canopy Medical Translator**

This app was designed in conjunction with the NIH and provides medical-specific translation in 15 languages. You begin by selecting the patient's language and proceed to click on specific symptoms for common medical illnesses such as cough, chills, etc. A voice recording will ask the question in the language specified. Patients see and hear the correct translation of your chosen phrase in their own language.

**Compatibility:** available for iOS and Android devices

*Free to all users*

### **CDC STD Guidelines**

This is a quick reference guide on the identification and treatment of various STI's.

**Compatibility:** requires iOS 7.0 or later; works with iPhone, iPad and iPod  
*Free to all users*

### **CVRiskAssist**

The Cardiac Risk Assist app allows health care professionals to calculate 10-year and lifetime risks for atherosclerotic cardiovascular (CV) disease.

**Compatibility:** Requires iOS 6.1 or later; designed for iOS7  
*Free to all users*

### **Docphin**

This app facilitates mobile access to full-text content from more than 5,000 medical journals and health news stories in popular publications. The reader can put together a personalized digital reading list of favorite journals.

**Compatibility:** iOS and Android

*Free; however, users without institutional library subscriptions are unable to fully utilize the app*

### **Dynamed**

This is a leading evidence-based point-of-care reference tool. Its content is constantly updated to reflect the systematic identification, evaluation and review of the latest clinical evidence re: the diagnosis and treatment of various medical conditions and diseases.

**Compatibility:** iPhone iOS 7.0 or later and iPad, iPod touch, Android

*Requires a subscription, but has a free trial offer;*

*DynaMedPlus with advanced features also available for purchase*

### **ECG Guide**

This is a succinct, yet authoritative ECG reference that provides over 200 examples of common and uncommon ECGs.

**Compatibility:** Available for iPhone, iPad, Android and BlackBerry devices

*Free to all users*

### **EMRA Antibiotic Guide**

This guide is produced by the Emergency Medicine Residents' Association Web Site

**Compatibility:** available for iOS and Android devices

*Available for purchase at \$16.99*

### **EPocrates**

This app provides drug prescribing and safety information for thousands of generic, brand and OTC medications.

**Compatibility:** available for iOS and Android devices

*Free to all users*

*There is also an epocrates plus version with info to assist with clinical decision making- \$174.99/year*

### **ePrognosis**

This app is useful in estimating prognosis for elders. After selecting a prognostic index for a patient, the physician can estimate a patient's mortality by answering a series of questions (i.e. filling in the relevant predictor variables) included in each index. The answers to each question are assigned points and the points are tallied to generate a risk score for each individual. The risk score is correlated with an absolute risk of mortality for a specified time period. This can be helpful when deciding the overall risk of harm vs. benefit associated with cancer screening.

**Compatibility:** available for iOS and iPad

*Free for all users*



**Fast Facts**

This is a mobile version of the Fast Facts database created with permission of the creators of Fast Facts, originally at the Medical College of Wisconsin.

**Compatibility:** available for iOS only

*Free to all users*

**Glucose Buddy**

This app allows patients to quickly and easily track their blood glucose levels.

**Compatibility:** compatible with iOS 4.0 or later; compatible with iPhone, iPad, and iPod touch; available for Android devices

*Free to all users*

**GoodRx**

This app compares retail prices of prescription medications from different pharmacies based on the geographic location of the user.

**Compatibility:** available for iOS and Android devices

*Free to all users*

**Hospice in a Minute**

This app provides information about what hospice is and lists resources for patients and families. It also outlines general information regarding hospice eligibility, means to assess performance scales, etc.

**Compatibility:** available for iOS, iPad and android devices

*Free to all users*

**iGeriatrics**

This app provides mobile access to several clinical tools useful in the care of older adults, based on evidence-based guidelines produced by the AGS.

**Compatibility:** available for iOS and Android devices

*Cost: \$2.99*

**iTriage**

This is a free mobile app that lets patients quickly and easily get medical answers, find care options and securely maintain health information.

**Compatibility:** available for iOS and Android devices

*Free to all users*

**Mayo Clinic Lab Reference**

The Lab Reference app provides users with quick access to reference values, uses, method names, cautions, testing algorithms, and clinical and interpretive information for each test.

**Compatibility:** available for iOS and iPad

*Free to all users*

**MediBabble translation**

This app is a history-taking & examination application designed to improve the safety, efficiency and overall quality of care for non-English speaking patients. It is currently available in 5 languages (Spanish, Cantonese, Mandarin, Russian and Haitian Creole). Spanish is pre-installed.

**Compatibility:** available for iOS device

*Free to all users*

**MyFitnessPal**

Users can track calories, as well as nutritional content of intake as they monitor personalized weight management goals.

**Compatibility:** Windows smartphone; Android smartphone or tablet using Android OS 2.1 or higher; iPhone, iPod Touch, or iPad using iOS 7.0 or later (optimized for iPhone 5/6/6+)

*Free to all users*

**MyMedSchedule Mobile**

This mobile app enables patients to manage their medications by setting reminders.

**Compatibility:** iOS 4.2 or later, Android

*Free to all users*

**NIH Stroke Scale from StatCoder**

This app provides means to administer the NIH Stroke Scale, step by step, with automatic scoring. There are full clinical images and instruction to assist.

**Compatibility:** requires iOS 6.0 or later; compatible with iPhone, iPad and iPod touch

*Free to all users*

**Opioids**

The application supports conversion to and from opioids commonly prescribed and used in U.S. hospitals orally, parenterally, or transdermally, including morphine, codeine, hydromorphone, hydrocodone, fentanyl, methadone, oxycodone and oxymorphone. The application is intended to help and instruct in the process of conversion of opioid regimens.

**Compatibility:** Requires iOS 6.0 or later. Compatible with iPhone, iPad, and iPod touch. This app is optimized for iPhone 5, iPhone 6, and iPhone 6 Plus

*Free to all users*

**Pre-Op Eval**

This app guides clinicians through the American College of Cardiology's stepwise algorithm for the pre-operative cardiac evaluation of patients undergoing noncardiac surgery and perioperative medication management.

**Compatibility:** iOS only

*Free to all users*

**QxCalculate**

This is a clinical calculator and decision support tool that can assist with the diagnosis, treatment and prognosis for various medical conditions.

**Compatibility:** iPhone, iPad, Windows and Android compatible

*Free to all users*

**Sanford Guide to Antimicrobial Therapy**

This is a digital version of the popular print manual that's been available for over 45 years. It covers clinical syndromes (organized by anatomic system/site of infection), pathogens (bacterial, fungal, mycobacterial, parasitic and viral), anti-infective agents (dosing, adverse effects, activity, pharmacology, interactions), specialized dosing tables and tools, calculators and preventative therapy, all evidence-based and extensively referenced.

**Compatibility:** requires iOS 7.0 or later. Compatible with iPhone, iPad, iPod touch and Android devices.

Requires an annual subscription fee of \$29.99

**Shots Immunizations**

This is an app developed by the STFM Group on Immunization Education.

**Compatibility:** available for Apple iPhone/iPad and Android devices

*Free to all users*

**Visual Dx**

This app allows clinicians to make a differential diagnosis for various dermatological conditions and to search for optimal management strategies.

**Compatibility:** Android smartphone or tablet using OS 2.1 or higher; iPhone 3GS or newer (optimized for iPhone 5), iPod Touch (3<sup>rd</sup> generation or newer), or iPad using iOS 7.0 or higher.

*Cost: this app requires a subscription following a 30-day free trial; various levels of access start at \$29.99 per month*

## **POLICIES**

### **University of Minnesota Medical School Competencies Required for Graduation**

The University of Minnesota Medical School organizes its competencies into nine domains of knowledge, skills and attitudes. These domains and competencies are adapted from the AAMCs Physician Competency Reference Set and align with the core ACGME competencies. This alignment will promote continuity of learning and assessment from medical school to residency and beyond. Demonstration of proficiency in each of these competencies is a requirement of graduation.

The nine domains represent the highest, broadest tier of the hierarchical structure used to organize curricular priorities. Each step below the top domain level narrows in scope:

- I. Domains of competence
  - A. Subject-related competencies
    - 1. Course goals
      - a. Session objectives

The domains and their competencies are illustrated below. Course and session objectives, too numerous to display here, are mapped to competencies and domains in an interactive tool available to students, faculty and staff.

The building blocks of our medical education programs are specific, measurable learning objectives. These objectives are categorized under the more broadly defined competencies. The competencies, in turn, roll up under the umbrella of the nine domains of competence. Collectively, these three tiers represent the building blocks of the competency-driven learning strategy.

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#### **The Nine Domains and Their Associated Competencies**

##### **Patient Care**

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

##### **Knowledge for Practice**

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

##### **Practice-Based Learning and Improvement**

Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

##### **Interpersonal and Communication Skills**

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

#### Systems-Based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Professionalism

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Interprofessional Collaboration

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

#### Personal and Professional Development

Demonstrate the qualities required to sustain lifelong personal and professional growth.

#### Scientific and Clinical Inquiry

Demonstrate understanding of scientific theory and methodology and the critical thinking skills needed to interpret and apply research to improving patient care.

These may be reviewed at:

<https://www.meded.umn.edu/policies/competencies-required-for-graduation.php>

The RPAP program curriculum allows for completion of a number of these clinical competencies.

## **RPAP STUDENT LIABILITY INSURANCE**

**2016-17**

### **TO WHOM IT MAY CONCERN REGARDING LIABILITY INSURANCE FOR UNIVERSITY OF MINNESOTA STUDENTS IN THE HEALTH PROFESSIONS**

The Regents of the University of Minnesota have purchased a policy of insurance, including insurance against potential professional liability claims, which covers certain University of Minnesota students under specified circumstances.

This professional liability coverage is provided students of the health professions. The coverage applies to post graduate physicians in advanced educational programs, undergraduate medical students and other health professions students at both the undergraduate and postgraduate levels.

It should be noted that this insurance coverage does not apply in settings where a student is not acting in a student capacity ("moonlighting," for example). The coverage extends to such students only when they are engaged in assignments within their course and scope of duties, as such. This includes activities with patients in clinical settings and activities in other affiliated hospitals, clinics and clinical teaching settings. If another policy or policies, agreement or agreements, is available to cover a claim or claims arising out of these activities, the University's policy will be excess over such other policy's or policies', agreement's or agreements', exhausted limits. The nature of the professional liability coverage is such that claims arising out of qualified activities in the course of a health professional student's training will be covered, irrespective of when such a claim is made, without the necessity of the student's purchasing separate insurance coverage upon leaving the University of Minnesota. Some professional liability policies require the purchase of a second policy, by the insured individual, upon leaving a particular program, owing to the currently prevalent "claims made" policy form. Under the University's present insurance program, the purchase of secondary or "tail," professional liability coverage by health professional students leaving the University upon completion of training will not be necessary. Although the University's professional liability coverage is intended to run perpetually, it should be emphasized that this insurance covers only those incidents which occur during the student's period of training under University supervision.

The structure of the claims made policy form makes it imperative that any time a student of the health professions becomes aware of an actual or potential claim against him or her, a full account of the circumstances of the incident giving rise to the claim should be immediately reported to the University Counsel for Hospitals and Clinics.

Prepared by the University of Minnesota Property/Casualty Insurance Office- April 1980  
Policy Information

Insurance Carrier:	Ruminco Ltd.
Policy Number:	RUM-1005-14
Policy Term:	Ongoing
Limit Per Claim:	\$1,000,000
Limit Per Occurrence	\$3,000,000
Annual Aggregate:	\$5,000,000

### **Stipend Payment to Student**

The \$4,000 stipend must be paid to the student from the clinic by May 15, 2017. Tax matters shall be the responsibility of the Affiliate Site and the student. RPAP assumes no responsibility for tax matters related to the stipends.

## University of Minnesota Academic Health Center Immunization Policy

The safety of patients, students, faculty, and staff is the highest priority in the University of Minnesota Academic Health Center (AHC). By AHC policy, students in the AHC schools and programs are required to have current immunizations and/or tests as a condition of enrollment. AHC students in all programs in the School of Dentistry, Medical School, School of Nursing, College of Pharmacy, School of Public Health, and the Center for Allied Health Programs must meet this requirement. Because first year students are expected to have this requirement completed prior to entering AHC programs, I write to inform you how you can assure that you start your academic program in compliance with these requirements. To help you do so, the following information is included in this communication and can be accessed at <http://www.bhs.umn.edu/immunization-requirements.htm#ahc-student>. Click on the *Academic Health Center* link and find the *Requirements* and *Forms* PDFs for more information.

A. Required Documented Tests and Immunizations

B. Process required to obtain proper documentation

Requirements for health professions are different from those recommended for the general population including undergraduate students. The University's requirement for health professions students is consistent with those of the Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), and Minnesota state law for health care workers. Students cannot be in patient care settings without the required immunization.

### **A. Required Documented Tests and Immunizations**

Students must have and document the following tests and immunizations.

1. Hepatitis B. Document three doses of the vaccine or antibody titer (blood test) results documenting immunity. **Note: The Hepatitis B series takes four to six months to complete; therefore, if you have not had this series, you should begin this process as soon as possible to comply with this requirement.**
2. Varicella (Chicken Pox). Document two doses of the vaccine or a self-reported history of the disease. If you are unsure whether or not you have had varicella, you may submit antibody titre results documenting immunity.
3. Measles (Rubeola). Document two doses after age 12 months or antibody titre results documenting immunity.
4. Mumps. Document two doses after age 12 months or antibody titre results documenting immunity.
5. Rubella (German measles). Document two doses after age 12 months or antibody titre results documenting immunity.
6. Tetanus/Diphtheria. Document most current dose within the last ten years.
7. A. two-step tuberculin skin test (TST) test. Documentation of the two-step TST.
  - a. This test involves placement of a purified protein derivative (PPD) to test for tuberculosis. It must be read 48-72 hours after placement, and the area of indurations recorded. The AHC requires **a second PPD test to be performed two weeks after the first test**. This two-step TST needs to be done once.
  - b. Annual TST. Documentation of an annual TST. If you have had a two-step TST more than one year ago, you should have a standard TST. Annual TST's are required each year you are in your program.
8. Chest x-ray if you have had a positive TST. If you have had a positive TST, your documentation must include the results of your follow-up chest x-ray. Once this documentation is submitted, yearly TST is not required.



## **B. Process required to obtain documentation**

Once you are admitted to an AHC school or program, you can find a personalized form in your University myU Portal under the tab titled "Health and Wellness". You may download a non-personalized Immunization Form here: [http://www.bhs.umn.edu/download/AHC\\_IMMUNIZATION\\_FORM\\_6-22-2015.pdf](http://www.bhs.umn.edu/download/AHC_IMMUNIZATION_FORM_6-22-2015.pdf). Print and take this form to your health care provider to complete. A health care provider is defined as a physician (MD and DO), nurse practitioner, physician's assistant, pharmacist, and registered nurse. Often the information may be required from multiple providers. In these cases, a separate Immunization Form for each provider is the preferred way to complete the documentation. It is highly recommended that you keep a copy of all documentation.

When the form is completed, they must be turned in to Boynton Health Service (BHS). When the BHS staff receives your information, they will review the form and verify whether your immunizations and documentation on the form meet the University standards. Your immunization information will become part of your confidential BHS medical record. **Note: review and verification of your immunizations and form will take BHS staff approximately two to five days to process. Turning in the form does not confirm that you are in compliance with these requirements. The forms must be processed and verified by BHS before compliance is confirmed.**

Once you are admitted to an AHC school or program, you may check on your immunization status in your University myU Portal under the "Health and Wellness" tab at [www.myu.umn.edu](http://www.myu.umn.edu).

If you have completed all requirements, you and your school/college will be notified by email of your status. Your school/college will allow you to enroll in classes and clerkships.

If you have **not** completed all requirements, your school/college will put a hold on your record, including **not** allowing you to enroll in your classes and rotations.

If you have questions about your immunization status, contact BHS at 612-626-5571 or via email at [immunizations@bhs.umn.edu](mailto:immunizations@bhs.umn.edu).

Medical School

# Educational Exposure to Blood Borne Pathogens and Tuberculosis



## FULL POLICY CONTENTS

Policy Statement  
Reason for Policy  
Procedures

ADDITIONAL DETAILS  
Definitions  
Related Information

**Effective:** December, 1999  
**Last Updated:** November, 2001  
January, 2006  
March, 2012  
August, 2015

**Responsible University Officer:**  
*Associate Dean for Undergraduate Medical Education*

**Policy Owner:**  
*Office of Undergraduate Medical Education*

**Policy Contact:**  
*Dr. Michael Kim, Assistant Dean for Student Affairs*

## Policy Statement

Required student immunizations and vaccinations are to comply with Minnesota State law and Occupational Safety and Health Administration regulations. Students may be expected to have other requirements by individual schools.

Upon admission to the AHC academic programs, students are required to submit proof of the following immunizations and vaccinations:

### Prior vaccinations required by law or by University policy:

1. **Hepatitis B.** Document three doses of the vaccine or antibody titre results documenting immunity.
2. **Varicella (Chicken Pox).** Document two doses of the vaccine or a self-reported history of the disease or antibody titre results documenting immunity.
3. **Measles (Rubeola).** Document two doses after age 12 months or antibody titre results documenting immunity.
4. **Mumps.** Document one to two doses after age 12 months or antibody titre results documenting immunity.
5. **Rubella (German Measles).** Document one to two doses after age 12 months or antibody titre results documenting immunity.
6. **Tetanus/Diphtheria.** Document most current dose within the last ten years.
7. **Two-step Mantoux (PPD) test.** Documentation of the two-step Mantoux test.
  - a. The AHC requires a second PPD test to be performed two weeks after the first test. This two-step Mantoux test needs to be done once.
  - b. **Annual Mantoux test.** Documentation of an annual Mantoux.
8. **Chest x-ray if positive Mantoux.** Documentation must include the results of a follow-up chest x-ray. Once this documentation is submitted, yearly Mantoux testing is not required.

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**Vaccinations or other testing strongly urged by the University of Minnesota Medical School:**

- Completed polio series (three doses)
- Influenza – annual

**Prevention of Tuberculosis During Educational Rotations**

- In accordance with OSHA regulations for health care workers, AHC students will be required to complete mask fit testing if they are to have contact with patients with tuberculosis. Students will carry documentation of testing and the mask requirements during rotations.

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## Reason for Policy

The purpose of this document is to (1) list the required and recommended immunizations for University of Minnesota Academic Health Center (AHC) students; (2) prevent/manage blood borne and respiratory infections; (3) delineate the management if exposure to blood-borne pathogens should occur to AHC students while they are in the educational setting; and (4) describe the procedure for fit tested mask requirements for AHC students who rotate through areas at high-risk for exposure to tuberculosis.

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## Procedures

1. Perform basic first aid immediately as instructed in the student orientations prior to rotations.
  - Clean the wound, skin or mucous membrane immediately with soap and running water. Allow blood to flow freely from the wound. Do not attempt to squeeze or "milk" blood from the wound.
  - If exposure is to the eyes, flush eyes with water or normal saline solution for several minutes.
2. All students on an educational rotation in the State of Minnesota will contact the Boynton Health Service information line (BHS) 24-Hour Triage Nurse immediately at calling (612) 625-7900 and notify his/her preceptor at the site. **The student will identify him/herself as having a blood-borne pathogen exposure.**
  - The BHS Triage Nurse will take the student through a rapid assessment about risk status and direct the student where to seek treatment.
  - Students will be expected to contact BHS immediately because of the need for rapid assessment about prophylactic medications, rapid prescribing of medications, if indicated, and the limited capacity of a student to assess his/her own injury.
  - With assistance of the BHS 24-Hour Triage Nurse and the student's preceptor or other designated person, the student will attempt to secure pertinent information about the source patient information for discussion during the risk assessment.
3. Standard employee procedures of institution where exposure occurs will be used for initial assessment of the source patient. (Permission form, what blood assays to draw, etc.) The standard procedures typically include the following information:
  - When: Approximate time of exposure

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- Where: Location of exposure (e.g., hospital, office, clinic, etc.)
  - What: Source of the exposure (e.g., blood, contaminated instrument, etc.)
  - How and How Long: Skin, mucous membrane, percutaneous; and how long (e.g., seconds/minutes/hours), exposure time
  - Type of device
  - Status of the patient: negative, positive, unknown HIV/Hepatitis B/Hepatitis C status
    - Whether or not patient is at risk for HIV, Hepatitis B or Hepatitis C infection
    - Multiple blood transfusions (1978-1985)
    - IV Drug User
    - Multiple sexual partners, homosexual activity
    - Known HIV positive/and/or have symptoms of AIDS
    - Significant blood or body fluid exposure
4. If the student is assessed at high risk for HIV infection following rapid assessment, the student should seek prophylactic medication treatment immediately. HIV post-exposure prophylactic medication should ideally be instituted, (i.e., first dose swallowed), with two hours. During the evaluation, the BHS Triage Nurse will assist students in selecting the most appropriate location for initial treatment.
  5. All students (high risk and low risk) with an exposure should complete a follow-up assessment at Boynton Health Services within 72 hours of exposure. This appointment can be scheduled during the initial assessment with the BHS Triage Nurse (812) 625-7900. The costs of prophylactic medications and follow-up treatment will be covered at Boynton Health Services by student fees. Off-campus treatment will be the student's personal responsibility or covered by the student's insurance coverage.
  6. All students will complete a Boynton Health Service Reportable Educational Exposure Form and Occupational Exposure Form and mail or carry these completed forms to the BHS for their scheduled follow-up appointment. These forms will be available from the BHS Triage Nurse. **Students must know that blood-borne pathogen exposure and the possible subsequent treatment are treated as an OSHA incident, requiring documentation in a separate restricted access medical record. Confidentiality is assured.**
  7. In accordance with the Needlestick Safety Law, the exposed student will receive prevention discussions, counseling and follow-up on the exposure.
  8. AHC students are required to document an annual Mantoux test. An annual influenza immunization is strongly recommended.
  9. If contraindicated for medical reasons, some of these vaccine requirements will be waived. Students will be required to file a waiver documenting medical contraindication.
  10. If a student declines an immunization for conscientiously held beliefs (e.g., religious or cultural), he/she must submit a vaccine declination form.
  11. Students who have a positive Mantoux test will be required to complete a chest x-ray. For students not followed by Boynton Health Service, a documented treatment plan will need to be submitted to Boynton Health Service to assure that there is not a risk of transmission to students, faculty or patients.
  12. Boynton Health Services is designated as the central data repository for AHC student immunization data and annual Mantoux testing. Students who are noncompliant will not be able to register for an academic year without the appropriate immunizations. Students must carry documentation of immunizations to each practice/shadowing experience, service-learning and clinical rotation sites.

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13. A student's failure to have all required immunizations and vaccinations may influence the University's ability to place the student in clinical rotations.

#### **General Information Regarding Prevention and Exposure to Blood Borne Pathogens During Educational Experiences**

All AHC students in contact with patients or potentially infectious bodily fluids will receive information annually about standards precautions, blood borne pathogens, appropriate basic first aid, and the response procedure portion of this policy. This information will be appropriate to the student's educational level and the area of professional education. The educational office of the colleges and programs, or a designee will provide the required training. **All health care professionals should include meticulous hand washing before and after seeing each and every patient to avoid serving as a vector of disease.** Close adherence to Universal Blood and Body Substance Technique (UBBST) is necessary at all times.

Effective management of educational exposure to blood-borne pathogens requires coordination among multiple units of the University, Academic Health Center, and rotation sites. It requires training in prevention of injury and in the management of injuries when they occur. While students are not covered by OSHA regulations, the AHC policy is that OSHA regulations will serve to guide decisions regarding students during clinical and community rotations. Therefore, directives will be the same as those provided to employees with occupational injuries and will be developed by the AHC Student Educational Exposure to Blood-Borne Pathogens Task Force.

Experiential educational coordinators of each college and program will assure with the rotation site that students have access to care and first-response prophylactic medication by becoming familiar with facilities and pharmacies in the area of experiential rotations. Students and the BHS will be informed of the access to treatment and prophylactic medications. Preceptors should be familiar with this information and the AHC policies.

Upon arrival at a rotation site, AHC students will seek the information regarding site-specific protocols for managing exposure to blood borne pathogens and be familiar with the AHC protocols for managing education exposure to blood borne pathogens.

AHC students should following the current protocol for response to educational exposure to blood borne pathogens, attached to this document

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## **Definitions**

### **AHC students**

For the purpose of this policy, AHC students are defined as those current and visiting students who are required in their academic program to have responsibilities in clinical settings and/or community environments with significant exposure to human patients/clients.

### **educational exposure to blood-borne pathogens**

An educational exposure to blood-borne pathogens is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object), contact with mucous membranes or contact with skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area) with blood, tissues, or other potentially infectious body fluids, which occurs in the educational setting.

### **significant exposure to patients with blood borne pathogens**

The dean of the school or designee, in consultation with Boynton Health Service, will determine whether the school's students are at risk of significant educational exposure to blood-borne

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pathogens or tuberculosis. Significant exposure to patients with blood borne pathogens is defined as actual contact with blood or other potentially infectious body fluids. Significant exposure to patients with tuberculosis is defined as five-minute face-to-face contact with patients who could have active pulmonary tuberculosis disease.

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## Related Information

- Needlestick Injury Protocol  
[http://www.meded.umn.edu/policies/needlestick\\_injury\\_protocol.php](http://www.meded.umn.edu/policies/needlestick_injury_protocol.php)
- All AHC students are expected to carry health insurance coverage to cover emergency medical situations. It is recommended that the AHC students carry the student insurance policy because of its scope of coverage or other personal, spousal or parental policy that is equivalent to the current student insurance. Each AHC student should carry insurance information at all times on clinical and community educational rotations to have available in emergency situations.

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[https://www.meded.umn.edu/policies/Educational\\_Exposure\\_to\\_Blood\\_Borne\\_Pathogens\\_and\\_Tuberculosis.pdf](https://www.meded.umn.edu/policies/Educational_Exposure_to_Blood_Borne_Pathogens_and_Tuberculosis.pdf)



## **University of Minnesota Medical School Policy for Medical Students and Residents with Blood-Borne Diseases**

This policy relates to medical students and residents who are infected with one or more of the following blood-borne diseases: Hepatitis C Virus and who are antibody positive, (HCV); Hepatitis B Virus and who are surface antigen positive, (HBV); or Human Immunodeficiency Virus (HIV). It is premised on the understanding that the medical, scientific and legal principles of blood-borne infections are still evolving, and that the University of Minnesota Medical School will respond to the challenges presented by these infections with sensitivity, flexibility, and the best current medical, scientific, and legal information available.

### **Status, Accommodations and Testing**

No student or resident shall be denied acceptance into the medical school or residency programs on the basis of HIV, HBV, or HCV serostatus. Evaluation for admission and continuation in the programs will focus on whether the individual in his or her current state of health, with reasonable accommodations will be able to successfully complete the essential elements of the educational program.

The Medical School will work with the infected student or resident and the University's Office of Disability Services to provide reasonable accommodations where needed. An accommodation is not considered reasonable if it alters the fundamental nature or requirements of the educational program, imposes an undue hardship, or fails to eliminate or substantially reduce a direct threat to the health or safety of others.

No student or resident will be required to undergo HIV testing. It is the responsibility of the individual medical student or resident who suspects that he or she may be at risk for HIV, HBV, or HCV infection to ascertain his or her serostatus. Depending on the requirements of clinical sites, medical students and residents may be required to be immunized against HBV.

### **Reporting and Confidentiality**

Medical students or residents infected with HCV, HBV, or HIV have a professional responsibility to report their serostatus to a member of the Blood-Borne Infectious Disease Review Panel ("Review Panel") in the Medical School. Consistent with the self-reporting requirements imposed on physicians and other regulated healthcare workers under Minnesota law, Minn. Stat. § 214, this reporting obligation shall be mandatory for students and residents infected with HIV or HBV. Failure to self-report is basis for disciplinary action by the Medical School.

The clinical sites where students and residents train also may have reporting requirements depending on the procedures and activities to be performed by the medical student or resident.

Students and residents who wish to perform exposure-prone invasive procedures at a clinical site as part of their education and training must comply with all review, disclosure and infection control requirements at that site. Another potential option that may preserve greater confidentiality for the student or resident is to restructure the clinical experience to avoid participation in any exposure-prone procedures. As outlined below, the Medical School Review Panel will work with the affected student or resident and the clinical site(s) to help shape the appropriate educational experience.

Confidentiality of all information about HIV, HBV, or HCV status will be maintained pursuant to state and federal laws. The individuals who will be informed of the student's or resident's serostatus are members of the Review Panel, designated representative(s) of the clinical site to the extent required by

the site's policies, and the Office of Disability Services if the student or resident requests accommodations. Faculty who are providing modifications in the student's or resident's educational program will be informed that the individual has a blood-borne infectious disease, but will not be notified of the particular disease.

### **Review Panel**

The members and the chair of the Review Panel will be appointed by the Dean of the Medical School for staggered terms of three years. There is no limit on the number of terms that may be served. The Review Panel will include two members of the full-time University faculty with expertise in infectious disease (ID members) and two members of the full-time University faculty who perform surgical or obstetrical procedures that involve surgical entry into tissues, cavities, or organs (EPP members). The Chair, also a member of the full-time University faculty, may be drawn from any discipline.

Each individual case will be managed by a sub-committee of the panel selected by the chair that includes an ID and EPP Review Panel member well as the Associate Dean for Student Affairs in cases affecting medical students or the appropriate Residency Program Director in cases involving residents. The Associate Dean for Student Affairs will assure that any modifications to the curriculum for an infected medical student have the written approval of the Senior Associate Dean for Education. The Senior Associate Dean for Education will report the modifications to the Committee on Scholastic Standing. In cases involving residents, the Residency Program Director will assure that the head of the training program approves any modifications to the resident's training experience.

Once a member of the Review Panel has been notified, a sub-committee will be chosen by the Panel's Chair.

The ongoing responsibilities of the panel are to:

1. Support the student or resident in receiving satisfactory medical and emotional care and in following treatment recommendations.
2. Ensure that the student or resident is aware of any necessary precautions to be taken in patient care activities to avoid the transmission of the infection to any other person and recommend any modifications in the educational program needed for this purpose.
3. Serve as a liaison with the clinical site(s) to help shape the student's or resident's educational experience.
4. Offer career counseling and specialty selection assistance.
5. Inform the student or resident of possible signs of progress of the disease that might interfere with his or her physical or emotional ability to fulfill patient care or other educational requirements of the MD or residency program.
6. Discuss with the student or resident whether he or she may have participated in patient care activities in which an injury to that student or resident would have led to contamination of a patient with the student's or resident's blood.



All modifications must be approved by the Review Panel as a whole.

The Medical School recognizes that it is possible for an individual infected with HCV, HBV, and/or HIV to practice medicine, and to practice many specialties unimpeded by disease specific restrictions. Therefore the school will provide assistance to any student or resident infected with these diseases to complete their MD or residency program requirements subject to considerations that it deems in its best judgment are appropriate to the circumstances of each individual case.

*[Adopted by the Education Council on 12/21/99]*

[http://www.meded.umn.edu/policies/blood\\_diseases.php](http://www.meded.umn.edu/policies/blood_diseases.php)

## **Education Council Statement on Institutional Standards of Behavior in the Learning Environment**

The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes is enhanced by and, indeed, based on the presence of mutual respect between teacher and learner. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.

While these goals are primary to the educational mission of the University of Minnesota Medical School, it must be acknowledged that the social and behavioral diversity of students, faculty, residents, and staff, combined with the intensity of the interactions between them, will from time to time lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, physical handicap or age; humiliation, psychological or physical punishment and the use of grading and other forms of assessment in a punitive manner. The occurrence, either intentional or unintentional, of such incidents results in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner. The diversity represented by the many participants in the learning process requires the University of Minnesota Medical School to identify expectations of faculty, students, residents and staff and a process through which concerns can be resolved.

The Education Council of the Medical School is charged with the responsibility for continuing review of the curriculum. This responsibility is taken to mean a continuing review of the process by which teaching and learning take place. In this regard the Council provides the ultimate oversight in relation to acceptable standards of behavior of those in the teaching and learning process.

**Whereas the behavior between faculty, graduate teaching assistants, residents, and medical students should at all times be governed by collegiality and respect for individual rights, be carried out through exemplary interpersonal behavior and above all be characterized by adherence to principles which facilitate learning, the Education Council endorses the following procedures/principles:**

1. Educational activities shall be organized to promote student learning in a humane manner, which will foster professional growth.
2. Physicians, residents, and medical students shall display mutual respect for colleagues as professionals and individuals and avoid disparaging comments about specialties and other medical centers and institutions that might demean a student's interests and be disruptive to important physician-physician relationships.
3. Methods of evaluation shall reflect course goals and objectives and be accompanied by timely feedback on performance. Performance shall be reported to students in a timely manner.

4. In all cases, students concerned about behavior of faculty and other teachers, which they believe is not in accordance with acceptable institutional standards, shall be encouraged to discuss or submit their concerns to the course director as a first step. This can be done in person or by using the rotation evaluation form as a vehicle for anonymous feedback. Alternatively, the students may wish to discuss concerns with Michael H. Kim, M.D, Assistant Dean for Student Affairs. Alternatively, the student may discuss the concerns with the department head or with any of the senior administrators in the Medical School Office of Education. When problems require additional deliberation, the Education Council may become involved.
5. The University of Minnesota has mechanisms currently in operation that provide faculty, staff and graduate students with opportunities to pursue grievances through a formal review process.
6. For concerns relating to sexual harassment, students may contact the Medical School Equal Opportunity Officer, Ms. Mary Tate, at 625-1494.

(Adopted from statement of the Medical School Education Council, April 17, 2001)

<http://www.meded.umn.edu/policies/behavior.php>

UNIVERSITY OF MINNESOTA

Medical School

**Preventing and Responding to Sexual Harassment, Mistreatment, and Abuse  
It's All about RESPECT**

The University of Minnesota Medical School is committed to maintaining an environment where there is mutual respect between student, teacher and between peers. Behavior that is abusive or mistreats students or others in the learning environment is prohibited.

If students feel that they are, or have been sexually harassed, abused, or mistreated, we encourage you to document the incident and communicate it to:

Name	Title	Location	Phone	Email
Michael H. Kim, MD	Assistant Dean for Student Affairs	B-611 Mayo Bldg. MMC 293	612-625-5180	<a href="mailto:mikekim@umn.edu">mikekim@umn.edu</a>
Kathleen Brooks, MD, MBA, MPA	Director, RPAP & MetroPAP	A-674 Mayo Bldg. MMC 81	612-626-8788	<a href="mailto:kdbrooks@umn.edu">kdbrooks@umn.edu</a>
Mary Tate	Director, Minority Affairs & Diversity Medical School EOAA Unit Liaison	B-608 Mayo Bldg. MMC 293	612-625-1494	<a href="mailto:tatex001@umn.edu">tatex001@umn.edu</a>
EOAA Office		274 McNamara Alumni Center 200 Oak Street SE Minneapolis, MN 55455	612-624-9547	<a href="http://www.eoa.umn.edu">www.eoa.umn.edu</a>

It is the student's responsibility to tell the harasser that their behavior makes them feel uncomfortable, and the behavior is unwelcome and you want it to stop. Tell them if the behavior does not stop, you will report them to the appropriate authorities.

<https://www.meded.umn.edu/apps/mistreatment/>

## ADMINISTRATIVE POLICY

# Sexual Harassment

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**Responsible University Officer:** Vice President and Vice Provost for Equity and Diversity

**Policy Owner:** Director of Equal Opportunity Affirmative Action

**Policy Contact:** [Kimberly Hewitt](#)

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## POLICY STATEMENT

The University is committed to creating a welcoming and respectful work and educational environment that is free from sexual harassment, and the University provides comprehensive support, education, and reporting mechanisms to all members of the University community.

All members of the University community are prohibited from engaging in sexual harassment and retaliating against individuals based on their participation in a sexual harassment investigation. When they learn about incidents of sexual harassment, University employees who are supervisors must take prompt remedial action to respond to any concerns including referring the matter to relevant internal options.

### Reporting

Any individual who believes they have been subjected to sexual harassment or retaliation for reporting sexual harassment can report their concerns to the Office for Equal Opportunity and Affirmative Action (EOAA) or the relevant internal office for investigation, problem solving, dispute resolution and potential disciplinary action, up to and including termination against perpetrators. Victim survivor services are also available to provide additional support.

### Retaliation

No one acting on behalf of the University may retaliate against an individual for having made a report in good faith under this policy or participated in a sexual harassment investigation. Any employee who engages in retaliation may be subject to disciplinary action up to and including termination of employment. Reports of retaliation will be reviewed and investigated in the same manner in which other allegations of misconduct are handled. This provision aligns with Board of Regents Policy: [Code of Conduct](#).

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## REASON FOR POLICY

To implement Board of Regents Policy: *Sexual Harassment* and *Student Conduct Code*, as well as to comply with the law in the employment context by Title VII of the 1964 Civil Rights Act, in the education context by Title IX of the Educational Amendments of 1972 and in both the employment and educational contexts by the Minnesota Human Rights Act.

This policy prohibits the conduct covered by this administrative policy and establishes procedures for reporting incidents of sexual harassment and retaliation. The commitment of the entire University to this policy contributes to our goal of creating an inclusive campus climate including the active prevention, awareness of and response to sexual harassment.

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## DEFINITIONS

### **Member of University Community**

Any University of Minnesota faculty member, student, or staff member, or other individual engaged in any University activity or program.

### **Sexual Harassment**

Unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement in any University activity or program; (2) submission to or rejection of such conduct by an individual is used as the basis of employment or academic decisions affecting this individual in any University activity or program; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive work or academic environment in any University activity or program.

### **Retaliation**

Any form of intimidation, reprisal or harassment against an individual because the individual has made a report of sexual harassment or has participated in an investigation of sexual harassment by or of a University community member including (1) firing, refusing to hire, or refusing to promote the individual; (2) departing from any customary employment or academic practice regarding the individual; (3) transferring or assigning the individual to a lesser position in terms of wages, hours, job classification, job security, employment or academic status, (4) informing another student, staff, or faculty member who does not have a need to know that the individual has made a complaint or participated in an investigation of a complaint of sexual harassment; and (5) impeding the individual's academic advancement in any University activity or program.

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## RESPONSIBILITIES

### **Equal Opportunity and Affirmative Action**

Policy oversight and complaint services, consultation regarding allegations and investigation of allegations against employees. Investigation of incidents of sexual harassment by students against students.

### **Human Resources**

Internal inquiry and problem solving, consultation and guidance to supervisors.

### **Office for Conflict Resolution**

Confidential resolution alternatives and formal hearing process.

### **Student Conduct Offices**

Informal resolution process and hearing procedure.

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## RELATED INFORMATION

- Board of Regents Policy: [Code of Conduct](#)
- Board of Regents Policy: [Sexual Harassment](#)
- Board of Regents Policy: [Student Conduct Code](#)
- Administrative Policy: [Sexual Assault, Relationship Violence and Stalking](#)
- <http://policy.umn.edu/hr/sexualharassment#procedureslink>

### **Effective:**

January 2014 – 1. Specifies reporting options for individuals (employees and students) who believe they are being harassed. 2. Addresses the prohibition of retaliation for reporting harassment or participating in a sexual harassment investigation.

## University of Minnesota Medical School and School of Medicine Policy on Student Mistreatment

<b>Contacts</b>	Mary Tate, Director of Minority Affairs and Diversity, <a href="mailto:tatex001@umn.edu">tatex001@umn.edu</a> , (612) 625-1494 Michael Kim, MD, Assistant Dean for Student Affairs, <a href="mailto:mikekim@umn.edu">mikekim@umn.edu</a> , (612) 625-5180 Office of Equal Opportunity and Affirmative Action, <a href="http://www.eoaffact.umn.edu/">http://www.eoaffact.umn.edu/</a>
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The University of Minnesota recognizes its obligation to its faculty, staff and the community to maintain the highest ethical standards. To facilitate this process the University has chosen **EthicsPoint** to provide you with an **anonymous** way to report activities that may be violations of the University's policies or other laws, rules and regulations.

Reporting an incident of mistreatment, harassment, or abuse of a medical student can be reported 24 hours, 7 days a week.

### Report mistreatment/harassment incidents here:

A report may be submitted to EthicsPoint online or by calling 1-866-294-8680.

[Submit a Report](#)

### Mistreatment in the Learning Environment

The University of Minnesota Medical School and School of Medicine are committed to maintaining an environment where there is mutual respect between student, teacher, and between peers. Behavior that is abusive or mistreats students or others in the learning environment is prohibited.

Examples of inappropriate behaviors are:

- Physical punishment or physical threats
- Sexual Harassment
- Discrimination based on race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression
- Repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges)
- Grading used to punish a student rather than evaluate objective performance
- Assigning tasks for punishment rather than to evaluate objective performance
- Requiring the performance of personal services
- Taking credit for another's work
- Intentional neglect or intentional lack of communication

[Guiding Principles to Nurture the H.E.A.L.T.H. of the Medical School Community \(pdf\)](#)

## **Resources for Counseling, Advice and Informal Resolution**

Concerns, problems, questions, and complaints may be discussed without fear of retaliation, with anyone in a supervisory position within the Medical School Community including a faculty member, lab director, course director, residency training director, division chief, department head, dean or director. The assistance provided may include counseling, coaching or direction to other resources at the Medical Schools. Students are encouraged to report possible sexual, racial, or ethnic discrimination, including harassment, to the Office of Equal Opportunity and Affirmative Action.

## **Process for Handling Allegations of Mistreatment**

- EthicsPoint is a confidential reporting service for the University of Minnesota (all campuses – TC, Duluth, Crookston, Morris and Rochester and other location)
- Anyone can report or use the EthicsPoint service (students, faculty, staff, University and non-University)
- You may file an online report or call. If calling, you will get a live person that will ask you the questions. The questions the person will be asking are required from the online reporting system. Calls can be made 24/7.
- Anonymous reporting is available with this service. You do not have to report your name.
- EthicsPoint will restrict the person mentioned in your report from access to the report information.
- A document or documents that support your report can be uploaded or attached to your report.
- When reporting, it is helpful to provide all details regarding the alleged violation, including witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation.
- When you submit a report, you will be issued a report key. Write down this information. You will be asked by EthicsPoint to use your report key along with the password of your choosing to return to EthicsPoint through the website or hotline in 5-7 business days. By returning in 5-7 business days, you will have the opportunity to review any follow-up questions or submit more information about the incident.

## **More Resources**

- [Working Better Together \(tools and resources\)](#)
- [Office for Student Conduct and Academic Integrity](#)
- [Office of Conflict Resolution](#)



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University of Minnesota Medical School  
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