

Rural Physician Associate Program

LITE

Preceptor Guide



2018-2019



UNIVERSITY OF MINNESOTA

Medical School

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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

The learner will:

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 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 eight weeks of Medicine and two-week bursts of inpatient experiences in Obstetrics and Gynecology, Pediatrics, and Psychiatry 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 or half to full day per week**. 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: 36 credits	
Primary Care Introduction (first 5 weeks)	Pediatrics (2 weeks)
Primary Care Intermediate (5 weeks)	OB/GYN (Women's Health) (2 weeks)
Primary Care Advanced (last 8 weeks)	Psychiatry (Behavioral Health) (2 weeks)
Surgery (8 weeks—can be 6 weeks general plus 2 weeks of Anesthesia, ENT, Orthopedic, Thoracic, or Urology or 8 weeks of general surgery)	Emergency Medicine (4 weeks)

RPAP students complete at least 18 weeks of primary care medicine with their primary preceptor and partners. Primary care time can be spent in ambulatory settings, hospital, nursing home, home visits, etc. During the beginning 5 week time the student is oriented by you to your practice, the community and your patients. The last 8 weeks allow for an opportunity to deepen their primary care continuity experience, and explore any remaining identified areas of interest. The other 5 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. Please see the RPAP Learning Contract for more information on how to schedule these requirements.

In addition, student’s complete requirements for a number of additional clerkships while on RPAP. All student’s complete requirements for Surgery, Emergency Medicine, and with either through primary care or a specialist—two weeks of pediatrics or well child visits, women’s health, and behavioral health.

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 4 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.

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 Learning Contract 2018-19

to be completed online

This online Learning Contract survey will lead the student and preceptor through questions to plan a schedule that will meet the student's educational requirements and unique goals. It will guide you during the year, but may be changed or amended as needed.

Student: Open your Google calendar. Tell your primary preceptor the date of all of your visits AT YOUR SITE (CS1, SFV, CS2). We would like your preceptor to be available to talk with RPAP core faculty during all of these visits.

The student is in your community for a total of 36 weeks. He/She completes 34 weeks of clerkships. Remember that some of this time is dedicated to exams, online curriculum, and ILT (independent learning time) – it is not all have to be in clinic.

The primary care clerkship experiences of RPAP are “threaded” in the following way:

Primary Care Introduction: 6-8 half-days/week of clinic/inpatient service during the first 4 weeks (October-Nov)

Primary Care Intermediate: 50 half-days of clinic/inpatient service between November and mid-May

Primary Care Advanced: 6-8 half-days/week of clinic/inpatient service during the last 7 weeks (May-June)

The specialty experiences of RPAP can be scheduled in any number of flexible ways, as long as the following minimum exposure occurs over the 9 month experience:

OB/GYN: 20 half-days over the 9 month experience

Psychiatry: 20 half-days over the 9 month experience

Pediatrics: 20 half-days over the 9 month experience

Emergency Medicine: 10-12 shifts, including call at least one night/week and 1 weekend per month

Surgery: 8 weeks of surgical experience; at least 6 weeks must be in General Surgery, up to 2 weeks can be spent in a surgical subspecialty

Inpatient Care: students should have 4 to 6 weeks total over their 9 months, during their Primary Care experiences (depending on your rounding system, this may be with morning inpatient rounds or in 1-2 week chunks with a hospital rounder)

Please note that while students will likely spend time with non-physician providers, all experiences need a final student evaluation by a supervising physician MD or DO. Pediatric, OB/GYN and Psychiatry experiences may be completed with a specialist or with a Family Medicine physician.

Be sure to plan for the following when setting up your 9 month schedule:

- Weekly time for continuity in the primary care clinic (1/2 day per week)
- Weekly time for reading and curriculum work (1/2 day per week)
- Monthly feedback between student and Primary Preceptor
- Vacation (up to 10 days)
- Independent Learning Time (up to 10 days)
- Call responsibility (average 1 night/week and 1 weekend day/month)

For each clerkship, complete the following information:

Who will you work with in this specialty area?

Preceptor Name:

Primary Practice Location:

Preceptor Email (if known):

Describe how you will complete this work - time of year and format. For example:

- Tues PM every week Oct-Jan with Dr. Jones (threaded)
- 8 1/2 days per week in February with Dr. Jones (blocked)
- blocked in January, threaded on Tues and Wed in Feb and March (combination)

During immersion experiences with specialties outside of primary care, how will you ensure continuity with your primary care clinic? (Minimum ½ day per week). Consider how you will best align with a patient panel.

Weekly time scheduled for study:

Please designate a half day each week (M-F, 8-5) when you will complete readings, curriculum assignments, and project work. This might not be “blocked” during specialties like Surgery, but be sure to create time for reading and study. This is a time-budgeting tool; your schedule can be flexible.

Arrangements for Formative Feedback and Educational Time with Primary Preceptor:

Identify and describe potential times to meet with preceptor at least monthly (touch base on student progress, relate reading to clinical care, review PBL, discuss modules etc.)

Vacation/ Independent Learning Time planning:

2 weeks of vacation (10 days) are provided in addition to national holidays (Thanksgiving, Christmas, New Year’s Day, MLKing Day, Memorial Day) – these 2 weeks off are part of the RPAP timeline; Up to 10 days of ILT are provided (out of the clinic to work on academics) – these will come out of Primary Care Int/Adv clinical time. Please discuss when/how you will schedule this around the clinic schedule and your specialty experiences.

Call Responsibilities:

Describe when and where call is taken with Primary Preceptor and other preceptors. Students are encouraged to be a part of the call experience. Typically, students should take call 1 night/week and 1 or 2 weekend days a month.

Community Health Assessment:

Discuss initial ideas now. Work on a timeline in the coming weeks with your preceptor.

Student’s Interest Areas with Plans for Exposure:

Ideas for Integrating experiences in healthcare leadership, finance, and administration:

Quality Improvement Committee, Clinic Operations Committee, Emergency Medicine or Obstetric Department Meetings, Medical Staff Meetings, etc.

CME by the American Academy of Family Physicians

Can I get CME credit for teaching students?

You may report credit for teaching health professions learners. However, a maximum of 60 AAFP Prescribed credits may be reported during a three-year re-election cycle. Teaching is also considered a live activity.

Can you provide examples of AAFP Prescribed credit?

Examples of AAFP Prescribed credit include:

- Instruction of health professions learners in formal individual (e.g., preceptorships) or live educational formats

Preceptor Guide “ONE PAGER”

Thank you for agreeing to teach a RPAP student. This guide will help you and the student create the best educational learning environment.

First, remember you are a **role model** to the student. Your actions and words impact the students in deep ways that often last a lifetime.

On the first day, **describe your practice** to the student. Take time early in the student’s experience to explicitly address your clinic’s care process, including EMR, results notification systems, referral systems, and collaboration with other Health Professionals (MAs, Nursing, Pharmacy etc.). This early investment will empower your student to facilitate patient care.

Students are expected to **make initial patient evaluations independently**, which includes gathering history by patient interview, reviewing pertinent records and results, performing an appropriate physical exam, and developing an initial differential diagnosis, diagnostic, and treatment plan.

An efficient way to incorporate this comprehensive student experience into your busy clinical practice is to have the student perform the initial assessment for a selection of your patients, then “precept”/present the patient history, assessment, and proposed plan to you **IN THE PATIENT’S PRESENCE**. See the next page for an outline of the “SNAPPS” Model for student case presentations.

The **5 Micro Skills of Precepting** is very helpful in efficient clinical teaching.

- Get a commitment from the student on what they think is occurring
- Probe for evidence on what makes them think this
- Reinforce what was done well
- Correct mistakes (if any)
- Teach general rules and encourage reflection or extra reading on the case

More information on this model is available at <http://www.stfm.org>.

At least once per week 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 are with the student for more than a week, set aside a weekly debrief session of about 15 minutes. Specific, actionable, formative feedback is essential to your student’s development.

Demonstrate and have the students **assist with procedures**. Development of procedural skills is an essential component of their experience.

Talk about your chosen specialty with the student. Tell them what is great about living and working in the area. Discuss how you work collaboratively with other physician specialists and non-physician health care professionals. Discuss any “dis-satisfactions” you might have when you are in the presence of the student in a productive way.

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

How to help your students do a Great Case Presentation: The SNAPPS Model

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 guide their students to use the SNAPPS model help create critical thinking skills in their students. This greatly enhances the student’s **clinical abilities** and **effectiveness** in caring for patients.

The steps in the model are:

1. **S**ummarize briefly the history and findings
2. **N**arrow the differential to two or three relevant possibilities
3. **A**nalyze the differential by comparing and contrasting the possibilities
4. **P**robe by asking questions about uncertainties, difficulties, or other approaches
5. **P**lan management for the patient’s medical issues
6. **S**elect a case related issue for self-directed learning

We recommend 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 encouraged when doing more comprehensive assessments.

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; rpapumn@umn.edu, 612-624-3111

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 or a half to whole day each week.
- 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, Surgery, and Pediatrics or OB/Gyn). During these visits, they do formal and informal oral case presentations, selecting 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.
 - Active involvement in the RPAP Addiction Medicine Curriculum—1 hour twice a month at noon.

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 2 weeks of vacation (10 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 may 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. Black Bag 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 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 Visits and Specialty Faculty Visits

Preceptors are encouraged to participate in the various RPAP faculty visits to their site. 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. **It is important that the preceptor or co-preceptor plan to spend 30-45 minutes with the RPAP faculty. Often this can be accomplished over lunch in the clinic.** These two visits are scheduled at the beginning of academic year (in late October, November, and December) and at the end of the year (in May and June). Please note that these visits are flexible to meet the needs of the preceptor, core faculty, and student. A typical example of the Communication Session Visit #1 is as follows:

Communication Session Visit #1 (late October, November, or December)

9:00 – 9:30 AM	<ul style="list-style-type: none"> <input type="checkbox"/> Student and core faculty meet to solidify the expectations and timeline for the day. <input type="checkbox"/> Discuss student's EMR access: students should be able to review patient records and document some visits. If not, email the office with concerns. <input type="checkbox"/> Review CS grading rubric form (discuss grading guidelines)
9:30 – 11:00 AM	<ul style="list-style-type: none"> <input type="checkbox"/> Videotaped student/patient interview. <ul style="list-style-type: none"> ○ Preferred patient would be chronic disease management and/or multiple issue visit. <input type="checkbox"/> Review student documentation; feedback <input type="checkbox"/> Core faculty observe the student and preceptor interaction/precepting
11:00 AM – 12:00 PM	<ul style="list-style-type: none"> <input type="checkbox"/> Review video; give student feedback

12:00 – 12:45 PM	<input type="checkbox"/> Student, core faculty, and primary preceptor meet over lunch: <ul style="list-style-type: none"> ○ Review the 9 month Learning Contract (student will bring a copy) ○ Review course Objectives and Procedural Skills lists (student to print and bring copies) ○ Discuss precepting style and tips (precepting with patient) ○ Review any new opportunities or challenges for the clinic/hospital
12:45 – 1 PM	<input type="checkbox"/> Primary preceptor and core faculty discuss student/site feedback privately
1:00 – 2:30 PM	<input type="checkbox"/> Student and core faculty discuss RPAP curriculum: <ul style="list-style-type: none"> ○ Community Health Assessment – discuss student ideas ○ Evidence Based Medicine – discuss student questions ○ Professional Team Assessments <input type="checkbox"/> Student and core faculty discuss site/preceptor feedback privately <input type="checkbox"/> Take PHOTOS! We would love to have pictures of the student, preceptor, faculty, and clinic.

Communication Session Visit #2 (May-June)

9:30 - 10:00 am	Faculty and student meet to discuss the day
10:00 am - Noon	Faculty observation of 2-3 student-patient encounters and review of medical records dictations.
Noon-1:00 pm	Lunch with the preceptor (if available) and student.
Noon - 3:00 pm	Student, core faculty, and primary preceptor meet over lunch. This is an opportunity for students to visit with core faculty in one-to-one "debriefing" sessions, discussing their RPAP experiences and any questions they may have regarding residency specialty choice, etc.

Specialty Faculty Visits (January-April, once each month)

- Specialty Faculty Visits are the second type of visit. Students will be assigned in cohorts of 4-5 students for Specialty Faculty Visits and will meet 4 times during the year at various community locations for these educational sessions. These visits are scheduled once each month during January, February, March, and April. Specialty Faculty Visits include doctors in Family Medicine, Internal Medicine, Surgery, Obstetrics and Gynecology or Pediatrics.
 - If your student is hosting the Specialty Faculty Visit, they are responsible for making local arrangements for meeting space and food for the cohort and the faculty/staff. Over lunch, the specialty faculty member will present a lecture or discussion on a topic within his or her area of expertise. Your clinical staff are encouraged to attend. Notices should be posted for the visiting faculty noon lecture.
 - Please note that these visits are flexible to meet the needs of the site, preceptor, core and specialty faculty, and students. A general example of the Specialty Faculty Visit Agenda is as follows:

9:00 - 9:30 AM	Core and Specialty Faculty arrive at community. Students will transport faculty from and to the community airport if traveling by plane.
Arrival - Noon	3 students present formal patient cases and the group discusses case management options.
12:00 - 1:00 PM	Luncheon and Specialty Faculty presentation/discussion. Local healthcare professionals are welcome to join.
1:00 – 3:00 PM	Remainder of student presentations (formal and informal). Remaining time include informal discussion about the visiting faculty's specialty, residency applications, patient populations, and recent cases. Hospital/Clinic Tour (15 minutes)

University of Minnesota RPAP Faculty Visit Evaluations

Communication Session Visits: Evaluated Skills

- Creates rapport
- Elicits all of the patient's concerns
- Plans the visit with the patient
- Elicits the patient's 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 the 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
- Demonstrates case presentation skills/documentation

Specialty Faculty Visits: Evaluated Skills

- | | |
|--|---|
| <ul style="list-style-type: none"> • Oral Case Presentation • Use of Clinical Sources • Diagnosis • Therapeutic Plan | <ul style="list-style-type: none"> • Academic Sources • Participation • Professional Integrity |
|--|---|

Evaluating Your Medical Student

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.

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 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. You can also use the “Forgot Password” function.

The screenshot shows the E*VALUE website's login interface. At the top left is the logo 'E*VALUE™ Powering Healthcare Education'. To the right is a navigation bar with links: HOME, SOLUTIONS, WHO WE SERVE, ABOUT US, CONTACT US, and a yellow LOGIN button. The central focus is a 'Account Login' box with three input fields: 'Login Name', 'Password', and 'Institution Code *'. A note below the fields states '* Not required unless provided by your program'. At the bottom of the box are a yellow 'Login' button and a blue 'Forgot Password' link.

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

The screenshot displays a notification box titled 'Evaluations' with a red badge indicating one item. The box contains the instruction 'Click on the items below to complete or view.' and three main sections: 'View All Pending Evals (1 item)', 'Complete On-the-Fly', and 'Pending Evaluations List (1)'. The 'Pending Evaluations List' section shows 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
Edit Evaluation	Suspend	Medical Student	██████████	11/13/2015	View Picture	View/Print

Center for Medicare & Medicaid Services (CMS) E/M Service Documentation Provided By Students

Medicare Claims Processing Manual

Chapter 12 - Physicians/Nonphysician Practitioners

100.1.1 - Evaluation and Management (E/M) Services

(Rev.4068, Issued: 05-31-18, Effective: 01-01-18, Implementation: 03-05-18)

B. E/M Service Documentation Provided By Students

Any contribution and participation of a student to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements set forth in this section for teaching physician billing.

Students may document services in the medical record. However, the teaching physician *must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.*

Medical Student Doing Histories and Physicals

The Joint Commission: Standards Interpretations FAQs

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

History and Physical - Medical Student

Q: Is it acceptable for a medical student to perform and document a history and physical in the medical record?

A: A medical student has no legal status as a provider of health care services, therefore, a medical History and Physical (H&P) conducted by a medical student would not fulfill the requirements. A practitioner who has been granted privileges by the hospital to do so is required to perform patient medical history and physical examinations and required updates.

Organizations that use Joint Commission accreditation for deemed status purposes may find it helpful to review the CMS Conditions of Participation that address practitioner responsibilities for completing H & Ps. The organization's individual responsible for accreditation and regulatory compliance should have access to the CMS State Operations Manual (SOM) that contains this information. It is also available by searching the internet.

Under certain circumstances, and as permitted by state law and policy, the organized medical staff may choose to delegate or allow individuals who are not Licensed Independent Practitioners to perform part or all of a patient's medical history and physical examination under the supervision of, or through appropriate delegation by, a specific qualified doctor of medicine or osteopathy who is accountable for the patient's medical history and physical examination. The definition of an LIP can be found in the glossary of the organization's accreditation manual.

CODING AND BILLING GUIDELINE

5/8/18

Services Provided and/or Documented by Medical Students

Applicable to: Fairview, HealthEast, and UMPhysicians Clinical Locations

Medical students are learners who do not have a license to practice medicine so payers (including Medicare) do not pay for services provided by a medical student. Medicare, however, does permit medical students to participate in services if a resident or teaching physician is physically present. Medicare also permits a medical student's documentation of an Evaluation & Management (E/M) service to be used to support billing, if regulatory requirements are met.

Medical Student Documentation of Evaluation and Management Services

For all payers, a medical student's documentation of an E/M service performed with a resident or teaching physician may be used to support billing of the service under the following conditions:*

1. A teaching physician (or resident) must be present with the medical student.
2. The teaching physician (or resident) must verify the student's documentation or findings, including the history, physical exam and/or medical decision making.
3. The teaching physician (or resident) must personally perform (or re-perform) the physical exam and the teaching physician must perform (or re-perform) the medical decision making activities of the E/M.

***Note:** This guideline applies only to E/M services and only to the use of medical student documentation to support billing based on the elements of an E/M service (as opposed to billing based on time). Medical student documentation cannot be used to support billing for procedural services or E/M services billed based on time (such as Discharge Day Management, Critical Care, Prolonged Care, or E/M services billed based on the teaching physician's total face-to-face time if the time spent on counseling or care coordination predominates). Although a medical student may contribute to the overall documentation of a time-based E/M service, only the teaching physicians' documentation of their personal activities and time spent toward the service can be used to support billing.

Required Teaching Physician Attestation

When medical students document an E/M service in which they participate, teaching physicians (or residents) do not need to re-document the performance of their own activities, but there must be documentation to establish that the above requirements were met. This documentation can be accomplished with attestations that affirmatively attest to meeting the requirements. Appropriate attestations for different supervisory scenarios are detailed below. (**Note:** The attestations reflect minimally acceptable documentation; additional information may be added.)

A. Scenario #1: Medical Student with Teaching Physician

The teaching physician documents his/her physical presence and involvement in the service:

"I was present with the medical student who participated in the service and in the documentation of the note. I have verified the history and personally performed the physical exam and medical decision making. I agree with the assessment and plan of care as documented in the note." Signed

& Dated: Dr. Teaching Physician

CODING AND BILLING GUIDELINE

5/8/18

B. Scenario #2: Medical Student with Resident

The resident documents his/her physical presence and involvement in the service:

"I was present with the medical student who participated in the service and in the documentation of the note. I have verified the history and personally performed the physical exam and medical decision making. I agree with the assessment and plan of care as documented in the note." Signed & Dated: Dr. Resident

AND

The teaching physician documents his/her involvement in the service by adding a standard teaching physician attestation, such as:

“I saw and evaluated the patient and agree with the findings and plan of care as documented in the note.” Signed & Dated: Dr. Teaching Physician

Medical Student Documentation

- While the final note may be filed in the electronic medical record under the name of the teaching physician, the medical student’s original authorship of the note should be indicated in the record by the medical student including his/her name and status in the content of the note.
- Although not required, the medical student also may include a statement indicating the presence of the teaching physician or resident, such as the following: *“I, Jane Doe MS4, saw and examined the patient in the presence of Dr. Teaching Physician/Resident.”*

Personal Presence Requirement

Unlike with residents, a teaching physician (or resident) must always see the patient with a medical student. It is acceptable, however, for the medical student to see the patient first without the teaching physician (or resident), but this must be followed by the teaching physician (or resident) seeing the patient together with the medical student. Thus, the approaches known as Precepting in the Patient’s Presence (PIPP) or Family Centered Bedside Rounds (FCBR) are acceptable, i.e., the medical student assesses the patient first and orally presents the findings and impressions to the teaching physician in the presence of the patient and the teaching physician then examines the patient and completes medical decision making together with the medical student.

Additional Guidance:

- Standardized attestations are available as Smartphrases in the Epic attestation menu.
- See the Epic Tip Sheets for instructions on inpatient and ambulatory workflows for forwarding and signing student and resident notes and adding teaching attestations.
- Because Advanced Practice Providers (APP’s) do not meet the definition of a Teaching Physician, medical student and resident documentation cannot be used to support the billable services of those providers. APP’s must independently document their services.

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

Resources for Preceptors

Accessibility verified 10/31/18

MN Medical Association: Review the Community Preceptor Toolbox, created in conjunction with the Medical School. <http://www.mnmed.org/advocacy/Key-Issues/MMA-Preceptor-Initiative>

Medical Educator Development and Scholarship (MEDS): Review the Medical Educator and Scholarship website at <https://hub.med.umn.edu/medical-education/medical-educator-development-and-scholarship-meds> to find workshops and on-line resources that may be useful to you in clinical teaching.”

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/>.

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: <http://resourceibrary.stfm.org/viewdocument/recipe-for-success-precepting-and>

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 News and Events, <https://www.med.umn.edu/news-events>
Medical School News features stories, events, and people that make up the U of 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 You might find a picture of yourself and your RPAP student on here some day!