



PRECEPTOR MANUAL

DEPARTMENT OF CLINICAL EDUCATION



Kansas City
University

COLLEGE OF
OSTEOPATHIC MEDICINE

MESSAGE FROM THE ASSOCIATE DEAN OF CLINICAL EDUCATION

I would like to express my sincere gratitude for your hard work and dedication to this program and KCU's medical students. The experiences the students will obtain in your healthcare facility are of critical importance.

You, as a preceptor, are the key to successful educational experiences in the clinical setting. Through your leadership and feedback, students will progressively develop the skills and clinical judgement necessary to become a physician. Your generosity is greatly appreciated and sets an example for students to actively give back to the profession.

I hope you enjoy the opportunity to serve as a preceptor and that your investment of time and talent will be rewarded, and perhaps balanced, by the ability of our students to assist in providing quality patient care under your supervision and direction.

If at any time you have questions, concerns, observations, or suggestions to help us better prepare our students for your clerkship and/or to better help us support you as a valued clinical preceptor, please don't hesitate to contact me or any member of the KCU Department of Clinical Education.

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I appreciate your commitment to medical education and KCU students.

Respectfully,

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QUICK START GUIDE

- Refer to the [Preceptor Quick Start Guide](#) (APPENDIX C)
- Review the [Welcome to Preceptorship](#) (APPENDIX D)
- Review the Family Educational Rights and Privacy Act (FERPA) [FERPA Student Privacy Training for Preceptors](#) video and review the [KCU FERPA Policy](#)
- Review the [Title IX Training for Preceptors](#) video and review the [KCU Title IX Non-Discrimination and Anti-Harassment Policy](#)
- Review the hyperlinked recorded PowerPoint presentation: [Being a Preceptor](#)
- Review the hyperlinked recorded PowerPoint presentation: [Clinical Preceptor Guidelines](#)
- Review the hyperlinked recorded PowerPoint presentation: [The One Minute Preceptor](#)
- Review the hyperlinked recorded PowerPoint presentation: [Evaluating Medical Students on Clinical Clerkships](#)
- Review the hyperlinked recorded PowerPoint presentation: [Incorporating Medical Students into the Practice Workflow](#)
- Review the [Preceptor Panel Discussion Q and A](#) (APPENDIX E, 1-4)

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KANSAS CITY UNIVERSITY, COLLEGE OF OSTEOPATHIC MEDICINE

We welcomed our first students in 1916, which makes KCU one of the nation's founding colleges of osteopathic medicine. We've been on the forefront of health care ever since. We're constantly creating new programs such as the Clinical Psychology Doctoral program, an MS in Biomedical Science and specialized dual degrees and a College of Dental Medicine (opens in Joplin in 2023). We're continually renewing our commitment to research and our communities most notably with our recent campus opening in Joplin and the first commencement of the KCU-Joplin Class of 2021. We are the largest provider of physicians in Missouri and the second leading producer of physicians in Kansas.

KCU Mission

Kansas City University is a community of professionals committed to excellence in education, research, patient care and community service while: *"Improving the Well-Being of the Communities We Serve."*

KCU Vision

Changing health care for good.

COM Mission

The College of Osteopathic Medicine (COM) prepares students to become highly competent, caring and compassionate osteopathic physicians who demonstrate the highest level of professionalism, ethics and sensitivity to the diverse personal and cultural contexts in which care is delivered. We are committed to the service of humanity and the advancement of knowledge through a collaborative environment that provides distinctive osteopathic clinical training and fosters excellence in education, research and scholarly activity, and lifelong learning.

COM Vision

The College of Osteopathic Medicine is recognized as a leader in osteopathic medical education and health care by exceeding standards of academic and clinical achievement.

KCU Core Values

Excellence / Striving for quality, integrity and innovation

Equity / Supporting an inclusive and collaborative environment

Empathy / Caring for our students, our colleagues and our community

OSTEOPATHIC MEDICINE

Developed 130 years ago by physician AT Still, osteopathic medicine is one of the fastest growing healthcare professions in the United States and brings a unique philosophy to traditional medicine. Doctors of osteopathic medicine, or DOs, apply the philosophy of treating the whole person, believing all of the body's systems work together and disturbances in one system may impact function elsewhere in the body.

Osteopathic Principles

The osteopathic philosophy embraces the idea of the unity of structure (anatomy) and function (physiology). There are four main principles of osteopathic medicine:

- The body is a unit, and the person represents a combination of body, mind and spirit.
- The body is capable of self-regulation, self-healing and health maintenance.
- Structure and function are reciprocally interrelated.
- Rational treatment is based on an understanding of these principles: body unity, self-regulation and the interrelationship of structure and function.

Osteopathic Core Competencies

KCU-COM curriculum prepares students for graduate medical education. Graduates are required to meet the following osteopathic core competencies:

Competency 1: Osteopathic Philosophy & Osteopathic Manipulative Medicine

Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits consistent with osteopathic principles and practices.

Competency 2: Medical Knowledge

Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

Competency 3: Patient Care

Graduates must demonstrate the ability to effectively treat patients, providing medical care that incorporates osteopathic principles and practices, empathy, awareness of behavioral issues, preventive medicine and health promotion.

Competency 4: Interpersonal & Communication Skills

Graduates are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health-care teams.

Competency 5: Professionalism

Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning, and sensitivity to diverse patient populations. Graduates should be cognizant of their own physical and mental health in order to effectively care for patients.

Competency 6: Practice-Based Learning & Improvement

Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

Competency 7: Systems-Based Practice

Graduates are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

Competency 8: Health Promotion/Disease Prevention

Graduates are expected to coordinate preventive health care across providers. Collaborate within a patient-centered team and demonstrate preventive health principles by modeling a healthy lifestyle.

Competency 9: Cultural Competencies

Graduates are expected to demonstrate an understanding of the scope of culture and the elements that form and define it. Understand the public health implications of cultural competence in health care. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment.

Competency 10: Evaluation of Health Sciences Literature

Graduates are expected to Utilize current technologies, e.g. websites, online search engines, PDA-based programs, information services, and journals to locate health science literature. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature.

Competency 11: Environmental and Occupational Medicine (OEM)

Graduates are expected to understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health (i.e. regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety, etc.).

Competency 12: Public Health Systems

Graduates are expected to apply understanding of the interaction of public health and health care systems in the practice of

osteopathic medicine as it affects health promotion and disease prevention. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of osteopathic medicine.

Competency 13: Global Health

Graduates are expected to identify and treat individual patients with varying cultural beliefs regarding health, disease, and patient care. Compare and contrast differing non-U.S. health care systems.

Competency 14: Interprofessional Collaboration

Graduates are expected to respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. Act with honesty and integrity in relationships with patients, families, and other team members. Engage other health professionals (appropriate to the specific care situation) in shared patient centered problem solving for effective team-based care.

[*Osteopathic Core Competencies for Medical Students*](#), American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools (2012)

ENTRUSTABLE PROFESSIONAL ACTIVITIES

Core Entrustable Professional Activities for Entering Residency (EPAs)

In 2013, the Accreditation Council for Graduate Medical Education (ACGME) in partnership with the American Board of Medical Specialties (ABMS) initiated the Milestone Project to define progressive levels of performance for each competency, with the expectation that residents achieve specific milestones before graduating from training and taking their specialty certification examination.

The AAMC published new guidelines in May 2014 to provide expectations for both learners and teachers that include 13 activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty. The guidelines are based on emerging literature documenting a performance gap at the transition point between medical school and residency training. Entrustable Professional Activities (EPAs) were chosen as the framework for the guide because they offer a practical approach to assessing competence in real-world settings and impact both learners and patients.

KCU-COM curriculum prepares students for graduate medical education. Graduates are expected to be able to complete the following Entrustable Professional Activities:

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibly
- EPA 9: Collaborate as a member of a professional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify system failures and contribute to a culture of safety and improvement

Core Entrustable Professional Activities for Entering Residency: Faculty and Learners' Guide, American Association of American Medical Colleges (2014)

PRECEPTORS

Kansas City University - College of Osteopathic Medicine (KCU-COM) is dedicated to engaging highly qualified clinicians, teachers and researchers to serve as preceptors. Preceptors demonstrating an interest in training KCU students are reviewed for eligibility and granted a courtesy appointment as Adjunct Clinical Instructor with the opportunity to apply for a higher rank under our Faculty Appointment Process.

Preceptor Definition

Clinical Teaching Faculty (Preceptors) are fully qualified and credentialed professionals who have a faculty appointment through KCU, provide clinical instruction and supervision to KCU medical students within an affiliated hospital or medical facility during the 3rd and 4th-year clerkships.

As a preceptor, your role is one of not only a teacher, but also an observer, mentor, and evaluator.

Preceptor Responsibilities

1. Observe ethical and professional standards consistent with KCU's Mission, Vision, and Values.
2. Maintain professional license, malpractice and board certification (*if applicable*)
3. Continue Adjunct Clinical Faculty appointment with KCU
4. Supervise students during all aspects of clinical training
 - o **Review** the Family Educational Rights and Privacy Act (FERPA) [FERPA Student Privacy Training for Preceptors](#) video and review the [KCU FERPA Policy](#)
 - o **Review** the [Title IX Training for Preceptors](#) video and review the [KCU Title IX Non-Discrimination and Anti-Harassment Policy](#)
5. Work closely with the KCU Department of Clinical Education (*scheduling, hospital privileges, contact information, etc.*)
6. Utilize the KCU course or specialty syllabus as a training guide
7. Evaluation:
 - Discuss preceptor expectations on the first day of clerkship
 - Provide informal mid clerkship assessment
 - Submit an evaluation of the student's performance within one week of the clerkship end date
8. Provide a letter of recommendation as requested by the student when appropriate

Adjunct Faculty Appointment

Please visit the KCU website for additional information about [Adjunct Faculty Appointment](#).

Supervision of Students

It is of utmost importance that preceptors acknowledge that the student must be supervised as KCU students in clerkships are *unlicensed*. Patient safety and quality of care are the primary priorities. Supervising physicians are to be engaged and retain responsibility for all aspects of patient care. The supervising physician or health care provider should have privileges to perform the duties or tasks themselves that are to be performed by the student.

A preceptor's introduction should include:

- To whom the student directly reports
- Detailed expectations of the student per the preceptor (e.g. time commitment and service duties)
- A discussion of grading policies and expectations

Syllabi for Core Clerkships

To ensure consistency among clerkships, standardized course syllabi have been developed by KCU for Core Clerkships. The KCU-COM standardized syllabi are designed for the purpose of ensuring that students understand expectations and work to achieve competency in the diagnosis and management of common illnesses. In so doing, students will gain an appreciation for appropriate utilization of a variety of treatment modalities.

Below are the links to access the Syllabi for Core Clerkships:

- [Core Internal Medicine](#) – IMED 301-302
- [Core Surgery](#) – SURG 301-302
- [Core Family Medicine](#) – FMED 301
- [Core Women's Health](#) – OBGY 301
- [Core Child and Adolescent Health](#) – PEDS 301
- [Core Behavioral Health](#) – PSYC 301
- [Core Emergency Medicine](#) – EMED 401

Clerkship-Clinical Competency Assessment (Preceptor Evaluation of the Student)

Preceptors complete a Clerkship-Clinical Competency Assessment ([APPENDIX A](#)) at the end of the clerkship. The purpose is to provide feedback to guide both clinical and professional development. The preceptor documents performance of expected competencies as compared to other students at the same educational level. Assessments submitted by interns or residents must be cosigned by an attending physician or the Director of Medical Education (DME). We ask preceptors complete the evaluation/assessment within one week of the clerkship end date and maintain confidentiality in compliance with the FERPA. If a student works with more than one attending, more than one assessment will be accepted.

Preceptors are encouraged to complete assessments online through [eValue \(APPENDIX B\)](#) the KCU Department of Clinical Education Student Database. Paper copies are available upon request and may be returned by the student directly to the KCU Department of Clinical Education. The University recommends that students request an initial discussion of preceptor expectations as well as an informal mid-clerkship assessment to allow the student to determine whether there is consistency between the preceptor's and student's performance perceptions. In addition, should a student be experiencing difficulty on a clerkship, a mid-clerkship assessment allows the student to proactively address any problems and avoid potential surprises.

Preceptor approaches vary widely in providing students with feedback on performance. Preceptors may or may not review their assessment with the student; it is appropriate for the student to request such a review prior to completion of the clerkship. If the preceptor is not available to review the assessment with the student and the student has questions or concerns, the student should contact their KCU Clinical Clerkship Coordinator to discuss the most constructive way to obtain the desired feedback.

Mentorship

As a preceptor, you are also a mentor. Students are ultimately responsible for the effort required to direct their own learning and become outstanding osteopathic physicians. As primary contributors to their success, preceptors motivate, engender enthusiasm, encourage and help foster continuous learning, by providing an effective and creative learning environment. Sharing your past experiences and clinical knowledge helps our students achieve their goals. Your mentorship will leave them with the positive impression of what a physician should be and an example that you would be proud to have them follow. Additionally, mentors can identify struggling students and help facilitate remediation and academic/behavioral counseling before the student completes their clerkship. In these cases, the Associate Dean of Clinical Education should be notified to initiate internal remediation procedures.

Preceptor Continuing Medical Education (CME)

Please visit the KCU website for additional information on preceptor [CME](#).

Ethics and Acceptable Conduct

KCU is committed to a culture of uncompromising integrity thus places a high priority on ethical behavior. Preceptors shall act in a manner which will inspire public trust in their integrity, impartiality and devotion to the best interests of the students. KCU expects all affiliates to conduct themselves in accordance with all federal, state and local laws. Failure to have professional conduct can result in termination of affiliation. In general, the use of good judgment, based on high ethical principles, will be the guide with respect to lines of acceptable conduct.

CLERKSHIPS

Clinical clerkships may be referred to as rotations, clinical experiences or externships, with a teaching physician referred to as a preceptor, attending or faculty. A clerkship may be two weeks, four weeks or one month of clinical responsibilities. Clerkships may involve in-patient, outpatient or a combination of these settings. At the conclusion of these experiences, an evaluation of the student by the preceptor is expected ([APPENDIX A](#)).

Preparation and Orientation

Developing a system for orienting and clarifying expectations with a student can help each clerkship get off to a good start. Taking the time to orient the student on the first day saves the preceptor time and energy, preventing student mistakes and unintended misbehaviors. A systematic orientation helps a preceptor tailor the clerkship to different students' particular needs, providing a framework for giving students feedback and evaluating them.

- Explain to your staff you will have a medical student working with you who will be a member of the team and absorbed into the workflow. Done correctly, with collaboration and under supervision, the student should add to the efficiency of the office.
- Take time to make the student familiar with the practice/hospital layout. Show them where they should park, leave personal items as well as the location of the break room(s), restrooms, their work area, etc.
- Introduce the student to the staff and explain their role in the office. Also, let the student know who they should speak with in regard to specific questions.
- Orient the student to where they can find various important items.
- Advise the student about office policies that employees are expected to follow. Provide the student with a copy of office policies, if appropriate.
- Discuss your expectations with the student:
 - What time should they arrive?
 - When is their day complete?
 - What are their assigned tasks?
 - Do they have reading assignments?
 - What can they do?
 - What can't they do?
- Be sure the student is comfortable in the environment in which they will be working. Your patient will sense insecurity in the student and this will diminish the patient experience.
- If reading assignments or other preparation are required prior to the first day of clerkship, communicate this to the student or KCU Department of Clinical Education in advance.

Orientation Guidelines for Hospital Experience

All KCU students need to be informed if the following are available to them at your facility and the protocols for their use or access during their clerkship:

- | | |
|--|--|
| • Ancillary Services (<i>Radiology, lab, etc.</i>) | • Medical Records |
| • Cafeteria | • Nurses Stations |
| • Call/Sleep Rooms | • Osteopathic Manipulative Medicine (OMM) Tables |
| • Emergency Room | • Parking |
| • Housing | • Patient Rooms |
| • Internet/Wi-Fi Access | • Security |
| • Library | • Study Space |
| • Lounges | • Other (if applicable) |
| • Meals | |

Educational Responsibilities

KCU Student Responsibilities

- Work with the KCU Department of Clinical Education, faculty and staff to assure all clerkship requirements are confirmed in a timely manner, prior to the beginning of every clerkship
- Be compliant with all required immunizations, training (including BLS/ACLS, HIPAA, Blood Borne Pathogens, etc.) and Mask Fit Testing

- Proactively participate in every learning experience by being engaged and participating in assigned patient care activities
- Be familiar with the [clerkship syllabus](#) - complete all learning objectives, participate in required [OMM learning activities](#), and fulfill all required assessments, including discipline-specific [COMAT](#) or KCU generated examinations as assigned
- Demonstrate professionalism through behavior and appropriate attire at all times
- Collaborate with faculty and staff to maximize opportunities in the learning environment
- Provide appropriate feedback by completing evaluation forms made available by KCU through [eValue](#)
- Assure that individual medical insurance coverage is current in the event of an acute illness or injury while completing clerkships
- Schedule and successfully complete the COMLEX-USA Level 2 CE examination prior to graduation

KCU Responsibilities

- Arrange and monitor clinical clerkship education for students in cooperation with the practice site
- Provide every preceptor an information packet including student information and syllabi for the appropriate clerkship experience

FACULTY DEVELOPMENT

Preceptor participation in regular faculty development is encouraged to improve educational skills, leadership skills and grow professionally. Clinicians, teachers, and researchers are increasingly held to higher educational standards including assessment of:

- Professionalism
- Communication
- Teamwork
- Emotional and social functioning
- Ethical behavior and reasoning
- Self-management skills

Goals for Clinical Teaching

- Create a challenging and supportive learning environment
- Promote active learning by students
- Capitalize on preceptor role modeling
- Set reasonable teaching goals
- Review the hyperlinked recorded PowerPoint presentation: [Being a Preceptor](#)
- Review the hyperlinked recorded PowerPoint presentation: [Clinical Preceptor Guidelines](#)
- Review the hyperlinked recorded PowerPoint presentation: [The One Minute Preceptor](#)
- Review the hyperlinked recorded PowerPoint presentation: [Evaluating Medical Students on Clinical Clerkships](#)
- Review the hyperlinked recorded PowerPoint presentation: [Incorporating Medical Students into the Practice Workflow](#)

Preceptor Competencies

- Create a learning environment in your practice in which students are challenged and provided the psychological support necessary for making decisions, taking risks, and learning.
- Assign students a well-defined role and engage them actively in the work of the practice to include early patient contact and increasing levels of responsibility.
- Help students perceive multiple elements of complex tasks to understand and perform them.
- Prescribe daily reasonable activities to help the student realize the overall goals of the clerkship.
- Utilize [The One Minute Preceptor](#) Teaching Skills described below

Preceptor Role Modeling

Students:

- Are extremely bright
- Learn by picking up your subtle cues
- Emulate your knowledge, attitudes and skills
- Will see your behavior as normative
- Learn by participating in a peer network

Depending on what you model, students may learn either:

- The formal medical curriculum
 - Up-to-date intellectual and technical skills
 - Concern for patients
 - Excellent communication skills
 - Enthusiasm about practicing medicine
- The hidden curriculum
 - Negative attitudes toward patients, staff and/or colleagues
 - Shortcuts and survival strategies
 - Cynicism

Teaching Goals and Expectations

- Establish overall learning goals and expectations for the clerkship during the initial orientation discussion
- Touch base briefly with the student at the start of each day (*or at the end of the previous day*)
- Discuss overall progress with the student mid-way through and at the end of each clerkship

One Minute Preceptor Teaching Skills

- Get a commitment by asking the student questions like
 - "What do you think is going on with the patient?"
 - "What other information is needed?"
 - "Why do you think the patient has been non-compliant?"
 - Such an approach is collegial; it engages the student in solving the patient's problem and tends not to cut off communication, which often happens if a preceptor adopts an expert role.
- Probe for supporting evidence by asking questions like:
 - "What were the major findings that led to your conclusion?"
 - "What else did you consider?"
 - This approach allows you to find out what the student knows and where there may be gaps. In using this approach, it is important to avoid grilling the student or conducting an oral examination.
- Teach general rules by making comments such as:
- "Patients with cystitis usually experience pain with urination, increased frequency and urgency of urination, and may see blood in their urine."
- Tell the student what he/she did right. Say, for example:
 - "You didn't jump into solving her presenting problem but kept open until the patient revealed her real agenda for coming in today."
 - Make your comments to the student specific and focused.
- Correct mistakes. As soon after a student mistake as possible find an appropriate time to discuss what was wrong and how to correct the error in the future. Say for example:
 - "You may be right that the child's symptoms are due to a viral upper respiratory infection, but you can't be sure it isn't otitis media until you've examined the ears."
 - Again, make your comments specific and focused.

Create a Challenging but Supportive Learning Environment

Make it clear to your students:

- You expect them to fulfill assigned responsibilities
- You have high standards for their work
- You expect them to be learners

- They will often feel uncertain and make mistakes
- Learning involves taking risks
- They will have your support as they learn
- They can feel safe to share issues of personal and professional development

Tips for Creating a Supportive Learning Environment

1. Learn the name(s) of your student(s) and use them frequently.
2. Ask your student(s) what they think, rather than always sharing your impressions first.
3. Spend informal/casual time with your student(s); ask about their interests outside of medicine.
4. Share information about yourself with your learners to whatever extent you feel is appropriate.
5. Make eye contact and use an open posture whenever students come to you with a question or concern.
6. If you can't address your student(s) questions when they are presented, make a verbal appointment and discuss them later.
7. Recognize trust and mutual respect are built over time.
8. Most learners have had painful experiences with teachers and may find it difficult to admit they don't know something. Hiding deficiencies in medicine has become a key to survival.

Active Learning

It's Time to Put Medical Students Back to Work

- "Active learning has the student spending more time seeking information, while passive learning requires more time of the preceptor."
- "Medical students enjoy helping out and giving real patient care. The preceptor should expect the student to read independently about patients seen and not have to give the student all the education around each encounter."
- "... the put-you-to-work approach has been well accepted by medical students; they like being useful as long as they are not overloaded with patient responsibilities."

Suggestions for Making Learning Active

1. Clarify the ground rules, ensuring that each learner has some specific responsibilities, such as charting
 - The student should be signing the note with his/her name followed by OMSIII or OMSIV
2. When in an exam room, invite a reluctant learner to actively participate (e.g. "Come look at this" "Come feel this")
3. Ask a student to read about specific patients and topics and find time the next day to discuss what the student has read
4. Ask a learner to justify his/her questions (e.g. "That's a good question; why is it important to know that for this case?")
5. Use a variety of open-ended questions

Training Students in a Busy Practice - A Note to Preceptors

Preceptors are by definition those in clinical practices who have agreed to teach students. For many, this is an exciting opportunity to give back to the profession and enjoy interacting with the learners. For others, it can be a little worrisome trying to think of training a learner while being in a busy practice.

The answer, to how to teach students without having it impede your clinic efficiency, is probably different for each practitioner and clinical setting. Recommendations for training students in a busy practice are provided below:

1. Find one or two patients, per half day, that are well known to you and have the student spend time with them. Have them populate the chief complaint, history and review of systems in the Electronic Medical Record (EMR), including a review of the problem(s) and medication(s). The students can then spend a few minutes presenting the patient to you and then together you can see the patient. This will allow you to spend less time charting except for making minor adjustments for diagnosis and billing. In this way the student also functions similar to a scribe and performs a time saving function and receives the educational value.
2. There may be times you don't want to get out of your patient care rhythm and want the student(s) to learn from these cases. It is okay to use some other time, such as after the clinic day, to discuss them.
3. It is also important to discuss patients the student saw and whether they wrote in their chart. If they did not write

in the chart, ask them to make their own separate notes in order for you to review their thought process.

4. Help him or her understand the thought process that goes into each patient encounter and decision you make:
 - How do you weigh all the information you have in order to make a diagnosis or a treatment plan?
 - How do you determine who is really sick and who is not?
 - How do you define your relationship with your patients?

Students will learn about patient boundaries, professionalism, empathy, and listening by observing your behavior with the patients, so it could be a good idea to discuss some of these issues openly.

Providing Effective Feedback

Providing feedback is different from an evaluation. If done well, feedback is non-judgmental and is meant to provide a reference to the learner, so they may better understand their level of performance in order to make improvements.

There are three levels of feedback:

1. Observations of the learner, what you saw the learner doing
2. Your reaction to what you observe
3. Your thoughts regarding the appropriateness or helpfulness of the observed behavior

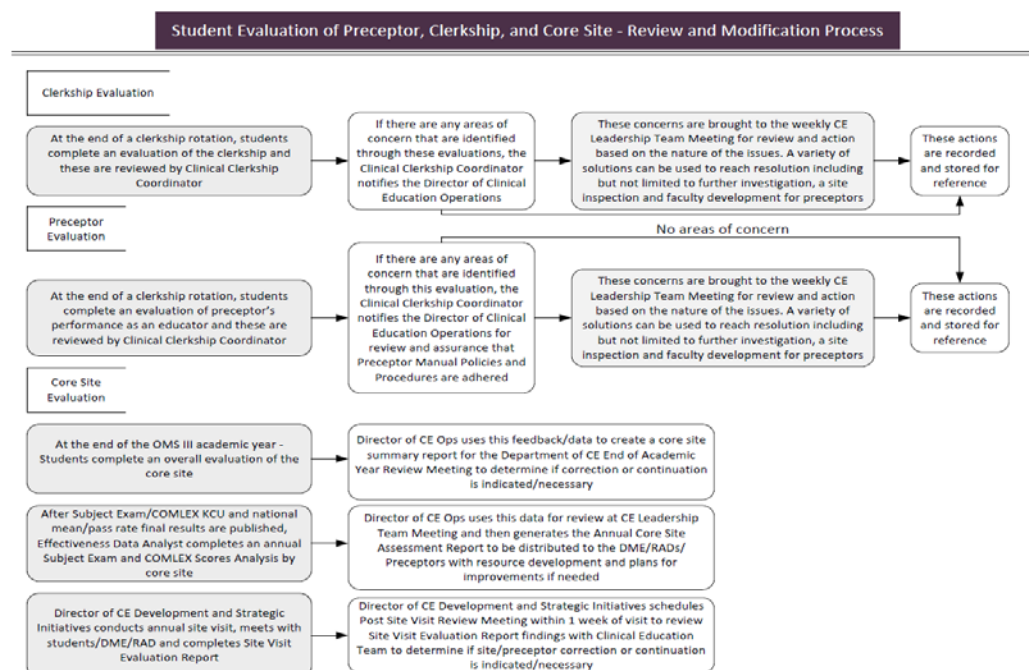
Characteristics of Effective Feedback

1. Provide descriptive rather than evaluative information
2. Focus on specific rather than general behavior
3. Address the expectations of the student and the preceptor
4. Direct feedback toward behavior the student controls
5. f as soon after the behavior occurs as possible
6. Balance good and bad items of behavior
7. Limit amount of information to what the student can use
8. Check for understanding

Developing the One-Minute Preceptor, Medical Education Unit, University of Otago, Wellington, New Zealand (2012)
Peter Gallagher, Mike Tweed, Sean Hanna, Helen Winter and Kath Hoare

Assessment of Core Site, Clerkship and Preceptor

Subject examinations, End of Clerkship Review reports and preceptor evaluations are evaluated by our Clinical Education team and key faculty members and guide individual student assessment as well as curricular design. In addition, this data is utilized to compare core site outcomes of students to drive core site and preceptor development.



Clerkship Facility

The Clerkship Facility should:

- Provide the student orientation at the beginning of the clerkship
- Involve the student in the daily educational activities of the facility
- Provide a supportive learning environment, and support inquiry

Clerkship Preceptor

The Clerkship Preceptor should:

- Be available to the student
- Set a regular meeting time for clinical discussions with the student
- Establish goals with the student to achieve learning objectives
- Plan learning experiences for the student
- Provide regular feedback throughout the clerkship
- Consult with KCU faculty whenever necessary

Educational Phase

The implementation of an educational plan includes:

1. Reviewing the student's experience
2. Discussing patients
3. Exploring feelings regarding the experience
4. Identifying the meeting of learning objectives

Additional Precepting Considerations

- The Preceptor is only asked to guide or facilitate student education. You can provide a lecture or simply direct them to read on specific topic.
- For Core Clerkships, KCU provides learning objectives, syllabi, modules, and reading assignments.
- Students learn by observation, reading, study, participation and discussion.
- Student education is not dependent on volume, but on depth of learning, as well as development of understanding and application of clinical knowledge.
- Patient satisfaction increases with student presence due to added time with and attention to patients.

Additional Preceptor Resources

[An Innovative Approach for Calculating the Work Relative Value Units of Clinical Activities Otherwise Concealed](#), Clinical Productivity (2011), Joseph R. Berger, MD, and Richard F. Maher, Jr.

[Barriers and Strategies to Engaging Our Community-Based Preceptors](#), Teaching and Learning in Medicine, Scott C. Graziano, Margaret L. McKenzie, Jodi F. Abbott, Samantha D. Buery-Joyner, LaTasha B. Craig, John L. Dalrymple, David A. Forstein, Brittany S. Hampton, Sarah M. Page-Ramsey, Archana Pradhan, Abigail Wolf & Laura Hopkins (2018)

[Cost of an Acting Intern: Clinical Productivity in the Academic Emergency Department](#), The Journal of Emergency Medicine, Vol. 47, No. 2, pp. 216–222 (2014) Katherine Hiller, MD, MPH, Chad Viscusi, MD, Daniel Beskind, MD, Hans Bradshaw, MD, Matthew Berkman, MD, and Spencer Greene, MD

[Incorporating Students into Clinic may be Associated with both Improved Clinical Productivity and Educational Value, Neurology Clinical Practice](#) (2017), Jeremy A. Tanner, MD*; Karthik T. Rao, MD*; Rachel E. Salas, MD; Roy E. Strowd, MD; Angeline M. Nguyen, MD; Alexandra Kornbluh, MD; Evan Mead-Brewer, MHA; Charlene E. Gamaldo, MD

[Physicians' Productivity and Teaching Responsibilities](#), Academic Medicine (1993), Gary W. Kearn, MD, MSPH and Arch G Mainous III, PhD

[Quality of Student Learning and Preceptor Productivity in Urban Community Health Centers](#), Family Medicine (1998), M Diane McKee, MD, Penny Steiner-Grossman, EdD, MPH, William Burton, MA, Michael Mulvihill, DrPH

The Community Preceptor Crisis: Recruiting and Retaining Community-Based Faculty to Teach Medical Students – A Shared Perspective From the Alliance for Clinical Education, Teaching and Learning In Medicine An International Journal (2016), Jennifer G. Christner, Gary Beck Dallaghan, Gregory Briscoe, Petra Casey, Ruth Marie E. Fincher, Lynn M. Manfred, Katherine I. Margo, Peter Muscarella, Joshua E. Richardson, Joseph Safdieh and Beat D. Steiner

CURRICULUM

3rd YEAR

Core Clerkships:

- **Internal Medicine** [IMED 301-302](#) – These courses are PASS/FAIL
 - General Internal Medicine for 301
 - Sub-specialty MAY be available for 302
 - **NOTE:** Subject Exam is based on General Internal Medicine taken at the end of IMED-302
- **Surgery** [SURG 301-302](#) – These courses are PASS/FAIL
 - General Surgery for 301
 - Sub-specialty MAY be available for 302
 - **NOTE:** Subject Exam is based on General Surgery taken at the end of SURG-302
- **Family Medicine** [FMED 301](#) – This course is PASS/FAIL
- **Women's Health** – [OBGY 301](#) – This course is PASS/FAIL
- **Child and Adolescent Health** [PEDS 301](#) – This course is PASS/FAIL
- **Behavioral Health** [PSYC 301](#) – This course is PASS/FAIL

A National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) subject exam designed to assess core osteopathic medical knowledge will be given upon completion of each 3rd year core discipline. A passing grade is required on the Clerkship-Clinical Competency Assessment from the preceptor and COMAT exam to pass the clerkship.

In addition to the Core clerkships, 3rd year students will also be required to complete clerkship/training sessions or examinations in the following:

- **Selectives** – Two (2) – Three (3) clerkships depending on Core site – These courses are PASS/FAIL
- **Basic Science and Clinical Review** (First Clerkship) CLMD 300 – This course is PASS/FAIL
- **Clinical Management Review** (Last Clerkship) CLMD 306 – This course is PASS/FAIL
 - 4th year clerkships will start immediately following this course
 - The COMLEX-USA Level 2 CE Examination is required to be taken at the end or within 30 days of completion of this clerkship
- **Osteopathic Principles and Practices (OPP) Course** OPP 320/321/420 – These courses are PASS/FAIL
This is a required longitudinal online and hands-on three semester course that runs during the third and fourth years of osteopathic medical school. The OPP course focuses on the integration of OPP, including osteopathic manipulative treatment (OMT), into clinical problem solving and patient care experiences. The clinical conditions covered each semester will be based on the top diagnoses coded nationally for each covered organ-system or specialty. You may be approached by a student asking about your willingness to observe OMT on a patient or volunteer when appropriate, safe, and indicated. Students will submit their signed OMT logs to the course director once a semester.

4th YEAR

Core Clerkship:

- **Emergency Medicine** [EMED 401](#) – This course is PASS/FAIL
 - Must pass subject exam at the end of the clerkship (Effective COM 2021)
 - Completed at a KCU Core Clerkship Site
 - Students may appeal to complete at another KCU Core Clerkship Site or Residency Program

In addition to the Core clerkship, 4th year students are required to complete sub-internships and elective clerkships.

- **Sub-Internships** – These courses are PASS/FAIL
 - Three (3) 4-week or 1 month clerkships, no splitting of Sub-I
 - Completed at a residency program
- **Electives** – These courses are PASS/FAIL
 - 4-week or 1 month clerkships, scheduled through the end year four
- **Clinical Skills Assessment (CSA) Course FMED 350** – This course is PASS/FAIL

In this course, the fourth year osteopathic medical student will review, either independently or with a group of peers, the following: patient-physician communication skills, physical examination techniques, forming differential diagnoses of a presenting problem and documentation skills. Following the review phase, the student will complete standardized patient encounters to assess clinical skills as required for completion of the student's medical education.

Students will be required to travel back to their home campus, (KCU-KC campus, or KCU-Joplin campus), in April of fourth year. Each student must successfully complete and receive credit for this course to qualify for graduation. This course is PASS/FAIL.

Subject Exams

Students must pass an NBOME subject exam, COMAT, upon completion of each 3rd year Core discipline:

- [Family Medicine](#)
- [Internal Medicine](#) (*Subject Exam taken at the end of IMED-302*)
- [Obstetrics and Gynecology](#) (Women's Health)
- [Pediatrics](#) (Child and Adolescent Health)
- [Psychiatry](#) (Behavioral Health)
- [Surgery](#) (*Subject Exam is taken at the end of SURG-302*)
- [Osteopathic Principles & Practice OPP](#) (*Subject Exam taken during semester two of the 3rd year OPP Course*)

Students may be awarded Honors (H) for excellent performance on a Subject Exam. Pass (P) and Honors (H) are benchmarked against the NBOME previous academic-year norms for all students in that discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations and are required to utilize the Course Syllabi as a guide.

Subject Exam Scheduling

Subject exams are typically taken during the last week of each 3rd year Core discipline and given at a University designated location. Students will receive an email from the KCU Assessment Department prior to their exam date with detailed information. All exams must be taken as scheduled.

ASSESSMENT

Clerkship Grades

Students must demonstrate progress on the Clerkship-Clinical Competency Assessment, submit all End of Clerkship Reflections and pass any *applicable* Subject Exam to achieve a grade of pass for a clerkship. Honors may not be awarded or may be removed if the student receives marks demonstrating below expectations ratings, recommendation of failure, or professionalism concerns.

All components are required before a final grade is assigned by KCU:

- Clerkship-Clinical Competency Assessment *from the Preceptor last 5 days of the clerkship*
- End of Clerkship Reflections *from the Student last 5 days of the clerkship*
 - Evaluation of Clerkship

- Evaluation of Preceptor
- Evaluation of Self
- Subject Exam – *required for 3rd year core disciplines and 4th year Emergency Medicine only*

Clerkship-Clinical Competency Assessment (Preceptor Evaluation of Student)

Preceptors complete a Clerkship-Clinical Competency Assessment for each student at the end of every clerkship through [eValue](#) ([APPENDIX B](#)). The purpose is to provide feedback to guide both clinical and professional development. The preceptor documents performance of expected competencies as compared to other students at the same educational level. Assessments submitted by interns or residents must be co-signed by an attending physician or Director of Medical Education (DME).

If a student works with more than one attending, more than one assessment will be accepted. Paper copies may be returned by the student directly to Clinical Education at the Core site or their KCU Clinical Clerkship Coordinator, however, electronic submission is preferred through eValue.

Preceptors will receive an automatic email from eValue when an evaluation needs to be completed. Please add www.e-value.net to your trusted sender list to avoid notifications going to your Spam/Junk mail.

eValue

The KCU Department of Clinical Education uses [eValue](#) ([APPENDIX F](#)) to manage evaluations, procedures and schedules. Being a web-based system, eValue is available to authorized users 24 hours a day from any device with internet access through the eValue Login page.

If you experience any trouble accessing eValue or need technical assistance, please contact:

eValue Administrator: 816.654.7330, eValue@kansascity.edu

STUDENT POLICIES & PROCEDURES

Absence from Clerkships

Attendance at all clerkship related activities is mandatory; therefore, any absence requires an excuse and documentation. Students must attend the first day of any clerkship. Failure to notify both the Department of Clinical Education and/or the clerkship site/preceptor of any clerkship absence, regardless of the reason or number of hours absent, will be considered neglect of duty and may result in a failing grade for the clerkship, meeting with Clinical Education Leadership regarding lack of professionalism and/or referral to Student Progress Committee (SPC).

An [Absence Request Form](#) and supporting documentation must be submitted **thirty [30] days** in advanced directly to the KCU Clinical Clerkship Coordinator. All submitted absence forms must include a detailed make-up plan in order for the absence to be considered. Only completed, signed forms are processed. Decisions rendered through this process are final, and failure to follow the process will be considered an unexcused absence. The KCU Clinical Clerkship Coordinator notifies the student, via email, when a decision has been reached.

Students generally follow the same schedule as their preceptor, however, if the preceptor is on vacation, or scheduled away from the office or hospital, additional arrangements must be made for completion of the clerkship. If this occurs, the student must contact their KCU Clinical Clerkship Coordinator immediately.

Scheduled absences are not, and should not, be considered approved until the official [Absence Request Form](#) is signed by a representative of the Department of Clinical Education.

[Absence Request Forms](#) must be completed and submitted to the KCU Clinical Clerkship Coordinator for all of the following:

COMLEX-USA Level 2 CE & USMLE Step 2 CK Exam Absences

Students will be **off duty** the day of any scheduled COMLEX-USA Level 2 CE & USMLE Step 2 CK Exam, if not taken during Clinical Management Review (CLMD306). Students may not use Flex-Time or Discretionary Days to extend exam date absences. No make-up plan required.

COMAT Subject Exams

Students will be off duty the day of any scheduled COMAT Subject Exam, OPP COMAT Exam, or retake exam. An [Absence Request Form](#) is only needed if required by the Core Site. No make-up plan required.

Discretionary Days (OMS3)

Students are **allowed five [5] discretionary days during third year**. Discretionary days **MUST** be approved by Department of Clinical Education in writing prior to the requested time off. Students may use no more than two (2) days per clerkship, and may not be used to extend exam date absences. Requests are submitted electronically, via an [Absence Request Form](#), to the corresponding KCU Clinical Clerkship Coordinator.

Request for Discretionary Days **prior** to the start of your clerkship:

Students must submit an [Absence Request Form](#) to the corresponding KCU Clinical Clerkship Coordinator. If approved, student will provide the approved [Absence Request Form](#) to their Preceptor upon the start of the clerkship.

Request Discretionary Days **during** the clerkship:

Students may need to take a discretionary day during clerkship for circumstances out of their control (ex: sick day or unexpected life event). In this case, an [Absence Request Form](#) signed by the Preceptor must be submitted to the corresponding KCU Clinical Clerkship Coordinator for review and final approval.

Sick Days

Students will be **allowed two [2] sick days annually during third and fourth year**. If more than two [2] sick days total are taken by a student, this may result in referral to the Associate Dean of Clinical Education.

- Students must contact their clinical site/preceptor, as well as the site coordinator and the KCU Clinical Clerkship Coordinator immediately if they are missing any clinical time due to illness (leaving early, arriving late, or missing a full day).
- If two-four (2-4) hours of clinic time is missed, a half day will be documented. More than 4 hours of missed clinic time = a full day of sick leave.
- If an absence of greater than one working day is necessary due to illness, that time must be made up. Arrangements for missed time will be coordinated with their clinical site/preceptor as well as the site coordinator, and/or the KCU Clinical Clerkship Coordinator.
- If the student is absent from a single clerkship for two [2] or more days due to illness, the student is required to submit to the Department of Clinical Education a note from a licensed healthcare provider defining the number of days absent and the expected date of return.

Conference Days

Students requesting to attend educational seminars/conferences and educational presentations, such as posters, research, etc., will submit an [Absence Request Form](#) with supporting documentation (registration confirmation) to the corresponding KCU Clinical Clerkship Coordinator for review and final approval.

OMS-III will be deducted discretionary days and OMS-IV will be deducted Flex-Time. Students may combine more than the **two (2)** consecutive days without an appeal.

Family Emergencies/Death in Family

Due to the variability of circumstances, time off needed for family emergencies or death of a family member will be reviewed by the Department of Clinical Education on a case-by-case basis.

Flex-Time (OMS4)

Flex-Time is defined as the time during the fourth year when a student is not on clerkship. **Often**, Flex-Time is used to fill in the gap between the end date of one clerkship and the start date of the next clerkship. Flex-Time can also be used

for a variety of other purposes such as vacation, non-credit academic study, attending educational seminars/conferences, educational presentations such as posters, research, etc.

Each OMS-IV is **allotted twenty-five [25] weekdays of Flex-Time during fourth year**. Students may combine no more than two [2] consecutive weeks of Flex-Time. Weekend days (Saturday and Sunday) will not count towards Flex-Time.

Students can use **one [1] day** at a time up to five [5] days. These days **MUST** be approved by the Department of Clinical Education in writing prior to the requested time off. Students may use no more than **two [2] days** per clerkship, and may not be used to extend exam date absences or interview days.

Directions on how to submit a Flex-Time request correctly into [eValue](#) are located under Fourth Year Scheduling Resources on the [eValue](#) homepage. The KCU Clinical Clerkship Coordinator will approve or deny all Flex-Time. If Flex-Time is approved, it will reflect on the student's schedule. Flex-Time cannot be used during a clerkship or to shorten a clerkship.

Flex-Time expires after March 31st.

The following may result in **loss** of Flex-Time privileges—failure to:

- Communicate with the KCU Clinical Clerkship Coordinator
- Enter clerkships into [eValue](#) **90 days** in advance followed by enrollment verification within five (5) days of the start of clerkship
- Comply with requests for information from the KCU Clinical Clerkship Coordinator
- Submit required Flex-Time request into [eValue](#) in a timely manner
- Submit an [Absence Request Form](#) for absences from clerkship

Time off for Residency Interviews

Students requiring time away from clerkships for interviewing will be granted **four [4] interview days** during any four-week clerkship. Interview season typically extends from October to the end of January of the fourth year. Students are required to adhere to the following guidelines:

- Students must attend the first day of a clerkship
- Students may request no more than **four [4] interview days** during any four-week clerkship, and no more than **two [2] interview days** over any two-week clerkship.
- Students are required to formulate a makeup plan with their Preceptor and submit with [Absence Request Form](#).
- All requests for time off must include a completed, signed [Absence Request Form](#), a copy of the residency interview invitation, make-up plan and supporting documentation. Requests are to be submitted directly to the KCU Clinical Clerkship Coordinator
- Requests for more than **four [4] days** require a formal appeal with a detailed make-up plan, discussed with the preceptor, and submitted directly to the KCU Clinical Clerkship Coordinator
- Flex-Time cannot be used in combination with interview days
- Permission for an absence must be cleared, in advance, with the following:
 - KCU Department of Clinical Education, and
 - Clinical Site/Preceptor to whom the student is assigned
- Unapproved absence or absences in excess of the above policy may require remediation or result in a failing grade at the discretion of the Department of Clinical Education
- Failure to notify the Department of Clinical Education and clerkship supervisor/preceptor of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.

Flex-Time may also be used to help accomplish residency interviews if necessary when not on clerkship.

Failure to adhere to the time off policy or to notify both the Department of Clinical Education and/or the clerkship site/preceptor of any absence from a clerkship, regardless of the reason or number of hours absent, may result in a meeting with the Associate Dean of Clinical Education regarding lack of professionalism. This could result in a failing grade for the clerkship, referral to the Student Progress Committee (SPC), or may result in loss of [Flex-Time](#) privileges.

Dress Code for Clinical Activities

On clinical clerkships, students must wear professional attire. White coats are required. Male students should wear collared shirts with ties. Female students should wear dresses or slacks/skirts with dress shirts. Closed-toed shoes are required. Training sites may designate other prescribed clothing such as scrubs and/or comfortable shoes. Students may be asked to change their appearance to conform to the dress code of preceptors as well as clerkship sites. A professional appearance mandates the conservative use of jewelry, hair color and clothing selection. Any clothing, hair color, tattoos, jewelry or body piercing that may cause a concern with affiliated faculty, hospitals, or patients must be covered or avoided.

Student Identification

While performing duties related to patient care, all students must clearly identify themselves as Osteopathic Medical Students both verbally and by wearing their KCU picture identification badge in addition to any hospital issued identification. Misrepresentation of oneself as a licensed physician is illegal, unethical and subject to disciplinary action. Student identification badges should be worn above the waist and made clearly viewable at all times.

The AOA recommends all KCU medical students refer to themselves as “Osteopathic Medical Students” (OMS) followed by the academic level in Roman numeral form. Students should use this title when completing written communication such as email, letters, and/or official social media communication. Students should make every effort to follow the recommendation of the AOA. Communication should look like the following: OMS-I, OMS-II, OMS-III, OMS-IV.

Should the KCU identification badge become lost or broken, the student should contact KCU Security at 816-654-7911 immediately to order a free replacement.

Duty Hours

Scheduling is determined solely at the discretion of the core site hospital, service, or preceptor and must be followed without exception. Responsibilities may be required on overnights, weekends or holidays. Laws mandating restrictions on intern and resident work hours do not apply to medical students.

Students generally follow the same schedule as their preceptor, however, if the preceptor is on vacation, or scheduled away from the office or hospital, additional arrangements must be made for completion of the clerkship. If this occurs, the student must contact their KCU Clinical Clerkship Coordinator immediately. Students must be enrolled in clinical activities throughout the entire academic year up to graduation. Unreported absences or chronic absenteeism may lead to referral to an appropriate University official.

37.5 hours minimum a week is the expected overall clinical hours for all specialties except EM core, which is 40 hours a week/160 total.

Employment

Students are strongly discouraged from seeking employment during the academic year. The University reserves the right to preclude employment should it be deemed to adversely affect the student’s academic progress.

Practicing Medicine

COM students shall not engage in any activity that may be construed as the practice of medicine or any phase thereof, without prior written approval of an exception.

Students are prohibited from accepting any form of payment or gratuity for their clinical activities. Clinical activities of students are not permitted without the appropriate supervision of a licensed faculty physician.

In no event shall a student represent, either directly or indirectly, that the student is licensed to practice medicine as a graduate of this University or otherwise, unless such student is, in fact, a licensed practitioner.

The determination of whether a student’s activity violates this policy shall be that of the University alone. Students with questions regarding this policy should submit them in writing to a member of Student Services. The Student Services team can counsel students on this policy. Violation of this policy may result in the immediate disciplinary action.

Physical Examinations

During clinical clerkships, students are routinely required to see and examine patients. It is necessary that all examinations of patients be appropriately structured, supervised, and consented in the interests of all parties, including the patient, student and attending physician.

Students must wear their KCU picture identification badge and introduce themselves to patients as an osteopathic medical student. Patient consent for a student to perform an intimate examination must always be voluntary. Consent for an intimate examination must be either verbal, written and/or witnessed.

Regardless of the gender of the student performing the exam and the patient being examined, a chaperone, defined as another medical professional, preferably the preceptor is required during all intimate examinations. A chaperone is not an accompanying person (e.g. friend, relative of the patient, another medical student, etc.). Students are encouraged to record the date, time and the results of the examination, as well as the name of the chaperone in the medical record.

Refer to KCU's [Principles of Clinical Medicine Handbook](#) for additional information.

Performing Osteopathic Manipulative Medicine & Osteopathic Manipulative Treatment

Students may perform their learned manual skills for diagnosis and therapy on patients while on any clerkship, provided the preceptor (or other supervising physician) has given their permission.

Medical Ethics

All medical students are expected to conduct themselves in a professional manner demonstrating an awareness and compliance with the ethical, moral, and legal values of the osteopathic medical profession. In observing the principles and practices of medical ethics, students will:

- Place primary concern on the patient's best interests
- Be available to patients at all reasonable times as expected by the preceptor/core site
- Perform medical activities only within the limitations of a medical student's capabilities and within the guidelines determined by the site and/or preceptor
- Strictly maintain patient and institutional confidentiality

Diversity and Inclusion at KCU

Kansas City University is deeply committed to cultivating diversity and inclusion on its campuses and to challenging our students to embrace cultural proficiency and adeptness. As future physicians, psychologists, scientists, and healthcare professionals, students must understand and embrace cultural diversity in order to be competent and successful in team based healthcare delivery. The University's faculty and staff must do the same.

KCU students, faculty, and staff serve diverse, underserved, at-risk, urban, and rural populations within geographically diverse communities nation-wide. In addition, KCU's alumni work to serve diverse communities all over the United States, as well as internationally.

Furthermore, KCU's institutional strategic plan calls for the University to create a culture of inclusion, by securing more students, faculty, and staff from diverse backgrounds and enhance a campus sense of community. Our University's strategic plan outlines our priorities and best practices to achieve diversity through on-going and vigilant evaluation of our institutional community. Students wishing to know and understand more about the University's effort to enhance diversity and inclusion on-campus can contact the Provost's Office in the Administrative Building- Kansas City Campus.

Medical Treatment of Students by KCU Faculty

KCU faculty will not provide medical treatment of, or medical advice to, KCU students except in emergency situations while awaiting emergency response. Student must seek healthcare advice and/or treatment off campus from a non-KCU related source. Students may view KCU's website or intranet for a list of recommended healthcare providers in the Kansas City and Joplin areas, who do not have a conflict of interest related to assessing student performance. Although not allowed or encouraged, should a KCU faculty member have to provide medical treatment for a student, they are required, per University policy, to recuse themselves from any and all situations where they may have to assess, grade, and/or decide promotion for that particular student. This includes clinical clerkship preceptors who have a direct assessment and

grading responsibility for assigned KCU students. Students who are on clerkships should always avoid seeking medical treatment/advice from their clerkship preceptor. If a student has difficulty in finding medical treatment/advice, they can contact Student Services for a referral to an appropriate physician.

Student Discipline Procedures

Complaints involving alleged misconduct by students in both Kansas City and Joplin will be handled according to the following procedures except in those cases where different procedures are prescribed by another University policy (e.g., allegations of sexual harassment, research misconduct). KCU has established a multi-dimensional approach to adjudicating student misconduct, poor academic performance and/or disciplinary issues. The following steps are to be followed in any case where a student is alleged to have violated the Code of Professional Conduct as enumerated in this handbook:

1. All reports of code violations shall be reported to Student Services and/or to the Vice Provost for Enrollment and Student Services. Reports must be filed in writing and must be signed by the reporting party.
2. Student Services will review the report and determine if the charge is of the nature to merit an investigation of the allegation(s).
3. If the charge is of a nature to merit an investigation, Student Services, along with the Vice Provost will gather, analyze and investigate the information. (This will be done as quickly as possible, but sometimes the nature of such investigations takes longer to gather evidence and speak with potential witnesses.)
4. After all information is gathered, the vice provost will apply a preponderance-of-the-evidence standard in making a judgment about the validity of the grievance and will then decide how best the alleged misconduct should be adjudicated. The multidimensional nature of KCU's disciplinary system allows for cases to be heard by the Student Progress Committee (SPC), the student-run Honor Council or administrators within Student Services.
5. The Vice Provost will make the final decision as to how the case will be heard and will make a referral to the specific adjudicating body for disposition of the case. The student will also be notified in writing to appear before the appropriate body to have their case heard.
6. In cases where the information does not merit referral to the SPC or the Honor Council, the case will be dealt with by Student Services staff.
7. Once the case has been formally adjudicated, the Vice Provost will then communicate in writing the outcome to the individual(s) involved.
8. The University reserves the right to address inappropriate behavior that does not clearly fall within the identified Code of Professional Conduct.

STUDENT SAFETY & COMPLIANCE

Affiliation Agreements

Affiliation agreements usually address issues such as liability, compliance, academic supervision, and faculty appointments. KCU has affiliation agreements with third-year core clerkship sites. KCU does not require an affiliation agreement with an independent core site or other non-core clerkship sites. Some outside core, selective, elective, sub-internship and/or audition clerkship locations require an affiliation agreement to be signed between KCU and the visiting site.

In Case of Emergency

Students should follow emergency procedures and protocols at their specific clinical site at all times.

In the case of an emergent situation outside normal business hours that requires you to evacuate your location, relocate for a period of time, or any other emergency, please contact the KCU Campus Security office at 816-654-7911.

Inclement Weather

In the event that the clerkship schedule is interrupted due to hazardous weather conditions or another emergency situation, please notify the Department of Clinical Education as soon as possible.

In the case of inclement weather, students on clerkships do not follow the same attendance requirement as year one and two medical students. Students on clinical clerkships are to follow the schedule of the site where they are rotating. If the

site is closing due to inclement weather, then the student is excused until the site re-opens. If the student is at a hospital or site where they are not closing, the student is to report and remain on-service until the end of their shift. Students should use caution and allow themselves plenty of time to get to their destination.

Counseling & Support Services

The University understands the intense environment, extra stress and medical student's experience. Because it is important for students to be emotionally healthy, students are encouraged to utilize the counseling services that are available to them. The University has two licensed counselors on campus. Students are encouraged to set up appointments by emailing the respective counselor they would like to see.

The licensed psychologists provide immediate support for students through psychotherapy, proactive support programs to assist students with the extra stresses associated with medical school and graduate study. They provide additional information and support through the University's orientation program. They can also assist students who are dealing with any kind of substance abuse or addiction issue.

KCU Counseling & Support Services

Off-Campus Counseling: ERS

ERS offers free, confidential counseling services to KCU students and their families. You may access ERS resources 24 hours a day, 7 days a week and from any location, including clerkship sites outside of the state of Missouri.

How to Get in Touch

By phone: Call 800-292-2780.

Online: <https://students.mylifeexpert.com>

Use the following company code (without punctuation): kcusap

Physical Health Services

Student health services, through an on-site clinic, are not provided or contracted by KCU. However, KCU students may seek healthcare through a group of off-campus, endorsed clinical providers who have affiliations with the University. Students may seek medical services for acute care or short term treatment at any of KCU's affiliate locations. KCU encourages students to establish a healthcare home with a primary care provider. Frequently, being an established patient enhances how quickly you can be seen for a problem. If a student requires chronic care or needs to be seen during off-hours, he/she should contact his/her own provider. Clinic information is available via Student Health Resources. Students need to present their insurance card when seeing any healthcare provider. All expenses for health services are the responsibility of the student.

Hospital Rules and Regulations / Financial Responsibilities

Each hospital/health care system has individual rules and regulations. Medical students must familiarize themselves with and adhere to these protocols during training. Students must respect and follow all policies regarding the use of hospital facilities, housing, and equipment.

Students are financially responsible for any damage to or loss of hospital or training site-related property, including but not limited to library materials, pagers and keys. Final grades may be withheld pending return of all hospital or training site property.

Health Insurance

(2022-2023 Academic Year)

KCU students are required to have health insurance. KCU offers a student health insurance plan (SHIP) Blue Cross and Blue Shield. By August 31, 2022, all students must complete one of the following options in Canvas:

- **Option 1:** Enroll in SHIP online. Only available during open enrollment period.
- **Option 2:** Request a waiver by submitting proof of alternate coverage that meets KCU's minimum requirements.

KCU sponsors a health insurance plan in partnership with Blue Cross/Blue Shield and Relation Insurance. To submit proof of insurance and waive the available KCU policy or to purchase the KCU-sponsored policy, visit the [Relation Insurance website](#). (Select KCU from the menu of schools and click submit; this will direct to the KCU page.)

If you do not complete one of these options by the deadline, you will be automatically enrolled in SHIP, and you will be expected to remit payment to Blue Cross Blue Shield.

Student Supplemental Medical Insurance Policy

KCU has partnered with Hartford Life Insurance Company to provide Student Supplemental Medical Insurance coverage for all students. The Student Supplemental Medical Insurance policy attempts to help students cover medical expenses that are incurred during KCU-related activities to include:

- Injury or illness while participating in KCU course(s), labs or clinical training that take place on KCU campus or at an offsite location approved by KCU.
- Injury or illness while participating in group travel in connection with supervised KCU activities.

The Student Supplemental Medical Insurance policy does not replace a student's personal medical insurance policy and students are still required to carry their own personal medical insurance. In accordance with every insurance policy, exclusions apply.

Student Supplemental Insurance specifically covers needle stick occurrences. In the event of a needle stick occurrence students should immediately file medical claims through their personal insurance and then file with the Supplemental Insurance for remaining costs.

Forms for filing a medical claim through this policy can be found on MyKCU in the Department of Clinical Education Section located under [Forms](#).

Medical Professional Liability Insurance

KCU provides medical professional liability insurance commensurate with industry standards. Malpractice coverage extends only to clinical activities specifically determined by the University as requirements for successful clerkship completion. Non-clinical claims, e.g. property or equipment loss or damage; does not fall under this policy. Changes made to clerkship dates, type, or location without prior Department of Clinical Education approval may jeopardize malpractice coverage.

Students may wish to participate in volunteer activities such as health fairs during the course of their medical training. Student malpractice coverage does NOT extend to non-KCU approved activities (volunteer or otherwise). It is the student's responsibility to personally determine that any activity in which he or she participates outside of clerkship assignments is covered by alternative malpractice coverage. The student is personally responsible should an issue of medical malpractice arise during activities not covered by KCU malpractice insurance.

Worker's Compensation Insurance

Medical students are not employees of the University; therefore, KCU does not provide worker's compensation insurance. The purchase of required coverage may be offered at the facility. Any expense incurred is the student's responsibility.

Vaccinations/Immunizations

A student who cannot provide an official up-to-date immunization record, in accordance with University requirements, will not be allowed to begin or continue with clinical training and will be referred to the appropriate University official.

Criminal Background Check & 10 Panel Drug Screen

Background checks and drug screens are required annually for all third and fourth year students to ensure the safety of the patients treated by students in the clinical education program. You will be required to order your background check and complete a 10 panel drug screening in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical clerkships. Detailed instructions will be sent out via email by the Department of Clinical Education when it is time to complete these mandatory requirements. A background check typically takes 3-5 normal business days to complete, and turnaround time of the drug screening results is determined by a variety of factors. The background checks and initial steps of the 10 panel drug screen are conducted by Validity Screening Solutions, a firm specializing in background checks for healthcare workers.

Two Step TB Test or Quantiferon Blood test/T-Spot

Each student is required to complete TB testing annually. You must complete 2-step TB testing or a Quantiferon Gold/T-Spot blood test to meet requirements. If student has had a previous positive TB blood test, an annual Chest X-ray is required. This includes people that have received INH treatment.

The Department of Clinical Education will send students a notification indicating when to complete the TB Test. Please **do not** complete your test before you receive notification from Clinical Education or you may be asked to retake the test.

Influenza

KCU students are entering the health professions. As part of their education, from time to time they will come into contact with vulnerable populations who may be at risk for infectious disease. Because of this, all KCU students are required to be immunized annually for influenza.

COVID-19 Vaccine

The COVID-19 Vaccine is a KCU requirement. While the COVID-19 booster is not currently required by Kansas City University, it is encouraged. If you have received the COVID-19 booster, please upload the documentation into SentyMD's secure portal.

Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)

Before you begin third year, you will become BLS and ACLS certified. This certification is good for two years. It will expire shortly before graduation. Your residency program can advise you on when to recertify, as it may be offered as part of your residency orientation.

HIPAA Regulations and Patient Encounters

All students are required to become familiar with and adhere to all aspects of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 including The Privacy Rule published by the US Department of Health and Human Services (HHS). The Privacy Rule establishes, for the first time, a foundation of Federal protections for the privacy of Protected Health Information (PHI). This rule sets national standards for the protection of health information, as applied to the three types of covered entities: health plans, health care clearinghouses, and health care providers who conduct certain health care transactions electronically. By the compliance date of April 14, 2003 (April 14, 2004, for small health plans), covered entities must implement standards to protect and guard against the misuse of individually identifiable health information. More specific information may be obtained at www.hhs.gov/ocr/hipaa/

As a medical student, these standards pertain to all individually identifiable health information (Protected Health Information or PHI) encountered during medical training with the University including, but not limited to, medical records and any patient information obtained.

HIPAA regulations prohibit the use or disclosure of PHI unless permitted or required by law therefore, each student must utilize reasonable safeguards to protect any information he or she receives. Each student is responsible for ensuring the safety and security of any written or electronic information he or she receives, creates or maintains. The misplacement, abandonment or loss of any information in the student's possession will result in disciplinary action. At no time should a medical student alter, remove or otherwise tamper with medical records. Specific rules and regulations with respect to student entries in medical records must be clarified during orientation or on the first day of the clerkship.

Furthermore, each student is responsible for ensuring that PHI is used or disclosed only to those persons or entities that are authorized to have such information. Students are expected to maintain strict confidentiality in their patient encounters; to protect the physician-patient privilege; and to ensure that there are no unauthorized uses or disclosures of PHI.

Any unauthorized use or disclosure of PHI, to include but not limited to digital images, video recordings, or any other patient related materials, committed by a student, or any observation of the same by a student or employee, should immediately be reported to Department of Clinical Education.

Needle Stick Policy/Exposure to Blood and Body Fluids

If a KCU medical student is exposed to blood borne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on clerkship, it is to be handled as an EMERGENCY SITUATION.

In the event of an exposure, students are to follow site procedures and submit an exposure form.

Exposure Form

Clean

Immediately wash region with soap and water for 5 minutes. If exposure occurred in the eyes, nose, or mouth, use copious amounts of water to irrigate mucus membranes. Know where stations to irrigate eyes are located.

Communicate

Let the preceptor, Director of Medical Education, Core Site Coordinator and Department of Clinical Education know about the exposure ASAP. Student should ask for the following information:

- Patient information (name, DOB, medical record number, address, phone #) and any prior testing for HIV, Hep B, Hep C, RPR, or risk factors thereof
- If patient is known to be HIV +, obtain info on CD4 count, history/current opportunistic infections, prior/current regimen/resistance
- Baseline labs for student and patient (HIV, Hepatitis B, Hepatitis C)
 - If he/she is not able to do lab work, present to the closest ER

Chemoprophylaxis

If the patient is HIV +, or their HIV status is unknown, begin post exposure prophylaxis with a multidrug regimen within a few hours of the exposure – do not delay in seeking care. If unable to obtain an Rx for meds from the preceptor, go to the nearest ER for a prescription.

Visit <http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/> for more information and the current guidelines.

Post Exposure Protocol

- Immediately wash exposed areas with soap and water.
- If splashed in eyes or mouth, flush with large amounts of water.
- It is critical that you are treated within the first two hours after injury.
- Notify supervisor and follow clerkship site exposure protocols.
- If facility is not equipped to handle exposure, contact an Occupational Health Clinic, appropriate site location, or go to the nearest emergency department with your current health insurance information.
- Notify the Department of Clinical Education of any care received.

Counseling

Students who were exposed to Needle Sticks, Blood borne pathogens and/or exposure to bodily fluids will receive counseling and instructions for follow-up from the Department of Clinical Education. Please contact the Department of Clinical Education within 24 hours of the Needle Stick or Exposure to the Blood and Bodily Fluids incident at the following email address: ClinicalEducation@kansascity.edu or call 816-654-7330. If possible, please send a copy of the Incident Report with your email.

Shadowing

Clinical Education receives multiple requests each year from third and fourth year students requesting to be approved to shadow a physician outside of their scheduled clerkship. **Students are not allowed to shadow on another service outside of the scheduled clerkship.**

Title IX Training – Non-Discrimination and Anti-Harassment

All students should be able to study in an atmosphere free of harassment, sexual violence and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc.

You are required to complete this training yearly while enrolled as a student at KCU.

The University has designated the following Title IX Coordinator to coordinate its compliance with Title IX and to receive inquiries regarding Title IX, including complaints of sex discrimination:

Jessie James, Title IX Coordinator
Director of Legal Affairs and Risk Management
1750 Independence Avenue
Kansas City, MO 64106
816.654.7109
jjames@kansascity.edu

Additional information on Title IX can be found [here](#).

Family Educational Rights and Privacy Act of 1974 (FERPA)

The Family Educational Rights and Privacy Act (FERPA) requires educational institutions to annually notify students, in attendance, of their rights under the act regarding access to their education records and certain protections regarding the privacy of personally identifiable information in those records. This policy is issued in compliance with that requirement.

The following definitions apply to this policy:

Directory Information: Information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed.

Disclosure: To permit access to or the release, transfer or other communication of personally identifiable information contained in education records by any means to any party except the party identified as the party that provided or created the record.

Education Records: Those records, regardless of how the information is recorded, that directly relate to a student and are maintained by this University or by a party acting for this University. However, they do not include:

- Records kept in the sole possession of the maker that are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.
- Records of the University's law enforcement unit that are created by it for law enforcement purposes and maintained by it.
- Records relating to an individual who is employed by the University (except if the individual is a student employed as a result of his/her status as a student) that are made and maintained in the normal course of business, relate exclusively to the individual in that individual's capacity as an employee and are not available for any other purpose.
- Records on a student 18 years of age or older made or maintained by a physician, psychiatrist, psychologist or other recognized professional or paraprofessional acting in his/her professional capacity or assisting in a paraprofessional capacity so long as the records are made, maintained or used only in connection with treatment of the student and are disclosed only to individuals providing treatment.
- Records created or received by this University after the student is no longer in attendance and are not directly related to the individual's attendance as a student.

Personally Identifiable Information: Includes, but is not limited to:

- The student's name
- Name of parents or other family members
- Address
- A personal identifier

- Other indirect identifiers (e.g., date and place of birth, mother's maiden name)
- Other information that, alone, or in combination, is linked or linkable to a specific student and would allow a reasonable person who does not have personal knowledge of the relevant circumstances to identify the student with reasonable certainty
- Information requested by a person who the University reasonably believes knows the identity of the student to whom the education record relates.

The Right to Review and Inspect

Students have the right to inspect and review their education records within 45 days of the date the University receives a request for access. Students should submit to the Registrar a written request that identifies the record(s) they wish to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the Registrar, that official shall advise the student of the correct official to whom the request should be addressed

Please note the following:

- This right does not extend to the financial records, including any information those records contain, of the student's parents. Also, certain restrictions apply to a student's access to confidential letters and confidential statements of recommendation placed in a student's education records. Additionally, certain records may not be accessed by the student because they are excluded from FERPA's definition of "education records."
- If circumstances effectively prevent the student from exercising this right to inspect and review his/her education records, the University will either provide the student a copy of the requested records or make other arrangements for the student to inspect and review them.
- The University will not charge a fee to search for or to retrieve a student's education records but may charge a fee for a copy of those records, unless doing so would in some way effectively prevent the student from exercising this right.

The Right to Seek an Amendment of the Student's Education Records

A student has the right to seek an amendment to that student's education records if the student believes the record to be inaccurate, misleading or in violation of the student's privacy rights.

Students desiring an amendment to one of their education records should write the University official responsible for maintaining the record; clearly identify the part of the record they want changed; and specify why it is inaccurate, misleading, or in violation of the student's privacy rights. The University will follow its internal processes to review any request for amendment. The University will respond to any such request within a reasonable time after receiving the request. The student requesting the amendment has the right to seek an amendment to that student's education records if the student believes the record to be inaccurate, misleading or in violation of the student's privacy rights.

Students desiring an amendment to one of their education records should write the University official responsible for maintaining the record; clearly identify the part of the record they want changed; and specify why it is inaccurate, misleading, or in violation of the student's privacy rights. The University will follow its internal processes to review any request for amendment. The University will respond to any such request within a reasonable time after receiving the request. The student requesting the amendment will receive a written response indicating the University's decision in the matter.

The student's right to seek amendment may not be used to challenge grades.

The Right to a Hearing Regarding the Request for an Amendment

If the University decides not to amend the record as requested by the student, it will notify the student of that decision and advise the student of his/her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of this right.

If, as a result of the hearing, the University decides that an amendment is warranted, it will amend the record accordingly and will inform the student of the amendment in writing.

If, as a result of the hearing, the University decides that an amendment is not warranted, it will inform the student of the right to place a statement in the record commenting on the contested information or stating why he/she disagrees with the

decision of the University not to make the amendment, or both. Any such statement placed in the student's education record will be maintained with the contested part of the record for as long as the record is maintained, and it will be disclosed whenever the University discloses the portion of that record to which the statement relates.

The Right to Prevent Disclosure of That Student's Person

Students have the right to prevent the disclosure of personally identifiable information from their education records, except to the extent that FERPA and its implementing regulations authorize disclosures without consent.

Unless authorized by one of the FERPA exceptions, the University must obtain the written consent of a student before disclosing personally identifiable information contained in the student's education records. Where required, a student's consent must specify the records to be disclosed, state the purpose of the disclosure, and identify the party or class of parties to whom disclosure may be made. Upon request, a student will be provided with a copy of the records that he/she has consented to being disclosed.

The various circumstances under which FERPA permits the disclosure of a student's personally identifiable information without his/her consent include, but are not limited to, the following:

- Nonconsensual disclosures are permitted to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic, research or support staff position (including law enforcement unit personnel and health staff). It also includes a person serving on the University's governing board; a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks; or a contractor, consultant, volunteer or other party (such as an attorney, auditor or collection agent) to whom the University has outsourced University services or functions that it would otherwise use employees to perform, provided that this outside party is under the direct control of the University with respect to the use and maintenance of education records and is subject to FERPA restrictions governing the use and re-disclosure of personally identifiable information from education records.

Nonconsensual disclosures are also permitted to parents in three situations:

- Disclosure of a student's personally identifiable information to parents is permitted without a student's written consent if the University determines that there is an articulable and significant threat to the health or safety of the student or other individuals.
- Such disclosure is permitted to parents of the student if the parent provides documentation that the student is a dependent pursuant to Section 152 of the Internal Revenue Code of 1986 and notice is given to the student that a parent has requested such information.
- Such disclosure is permitted if the student is under 21 at the time of the disclosure and the University has determined that the student has committed a disciplinary violation of any federal, state or local law, or of any rule or policy of the University governing the use or possession of alcohol or a controlled substance.

The Right to Opt Out of the Disclosure of Directory Information

Pursuant to FERPA, the University has classified certain personally identifiable information as directory information, which may be released without the student's consent.

This University defines directory information as: the student's name; local and home addresses; telephone number; email address; place and date of birth; program of study; dates of attendance; enrollment status; participation in officially recognized activities; degrees, honors, and awards received; and the location, training institution, and medical specialty identified for postdoctoral education. A student ID number, user ID, or other unique personal identifier used by a student for purposes of accessing or communicating in electronic systems may also be deemed directory information, but only if that identifier cannot be used to gain access to education records, except when used in conjunction with one or more factors that authenticate the user's identity (e.g., PIN, password). Any such means of authentication must only be known or possessed by the authorized user.

FERPA permits the University to limit the disclosure of directory information to specific parties, for specific purposes, or both. In the exercise of that authority, this University may release all directory information to school officials as defined above. Other releases will be limited to those situations in which the University, in its discretion, believes the release

would recognize a student for academic or extracurricular achievement or otherwise advance the student's career interests or when the University believes the release would serve to advance the interests and image of the University. Examples of such releases would be the disclosure of directory information to prospective employers, financial aid and scholarship agencies or to registry, licensure or certification services. Another example would be the release of directory information in connection with University-sanctioned alumni affairs. The University will not release directory information to persons or parties not affiliated with the University when their intent is to use that information for commercial purposes.

Students who wish to opt out of the release of some or all of their directory information must notify the Registrar in writing during the first 10 academic days of each academic term. Upon receipt of such request, the Registrar will designate that portion of the student's directory information as confidential and not to be released outside this University except to individuals, institutions, agencies and organizations otherwise authorized by FERPA.

This University will honor all requests to withhold any of the categories of directory information listed in the written request, but will not assume any responsibility to contact the student for subsequent permission to release that information. Nondisclosure will be enforced until the student subsequently authorizes its release. A student may not, however, opt out of the disclosure of the student's name, identifier or University email address in a class in which the student is enrolled.

Regardless of the effect on the student, this University assumes no liability for honoring the request of the student to restrict the disclosure of directory information.

The Right to File a Complaint with the U.S. Department of Education

Students have the right to file a complaint concerning alleged failures by this University to comply with the requirements of FERPA. Students are encouraged to first allow the University to resolve the matter. Nevertheless, complaints may be sent to the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-5920.

APPENDICES

APPENDIX A (Clerkship-Clinical Competency Assessment Sample)



Name: _____
 KCU ID#: _____ LEVEL: _____
 Course: _____
 Start Date: _____ End Date: _____
 KCUCoord: _____

EPA COMPETENCIES – Please discuss the assessment with the student (KNOWLEDGE ASSESSED BY EXAM)					
Activities	Exceeds Expectations	Meets Expectations	Needs Improvement	Significant Deficits	N/A
Performs a thorough patient-centered medical history and physical examination to develop a clinically-sound differential diagnosis and recommend appropriate treatment plans, including osteopathic considerations where appropriate. (EPA 1, 2, 3, 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes evidence-based resources to develop an appropriate differential diagnosis, recommend screening tests and treatment plans, including osteopathic considerations where appropriate. (EPA 3, 5, 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies patients requiring urgent or emergent care and initiates appropriate evaluation and management. (EPA 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately consents patients for tests/procedures, to include discussion of risks, benefits and alternatives. (EPA 11, 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays competency when performing procedures, to include osteopathic manipulative therapy where appropriate. (EPA 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-aware and acknowledges self-limitations, acting in a manner that solicits appropriate oversight to ensure patient safety. (EPA 11, 13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Arrives to duties on-time, dressed appropriately and prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents clinical encounters and completes orders and prescriptions in an accurate and timely manner utilizing appropriate preceptor oversight. (EPA 4, 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes the transition of care utilizing a collaborative team-based approach. (EPA 8, 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively and respectfully with preceptors, patients and the greater medical team. (EPA 6, 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my opinion, the student successfully completed the expectations for this rotation as outlined in the syllabus:			Yes <input type="checkbox"/>		No <input type="checkbox"/>
How many days was the student absent during the clerkship:					
SUMMATIVE COMMENTS					
Please comment on the students' performance: <i>Areas excelled, opportunities for improvement, clinical engagement, case presentations, and clinical skills.</i>	<i>These comments ARE USED in the MSPE (Dean's Letter):</i>				
	<i>These comments ARE NOT USED in the MSPE (Dean's Letter):</i>				

Continued on 2nd page

OVERALL FEEDBACK				
How would you rate the overall progress of the student?	Exceeds Expectations <input type="checkbox"/>	Meets Expectations <input type="checkbox"/>	Below Expectations <input type="checkbox"/>	Recommend Fail <input type="checkbox"/>
Do you have concerns about this student becoming a physician?	No <input type="checkbox"/>		Yes <input type="checkbox"/>	
Would you like to be contacted about this student?	No <input type="checkbox"/>		Yes <input type="checkbox"/>	
If you would like to be contacted, please write in email, phone or other method to contact				

PRECEPTOR INFORMATION – Email address required for KCU online system to access evaluations / paperwork

Preferred Email: _____ Office Phone: () Fax: ()

Office Name & Mailing Address: _____ City _____ State _____ Zip _____

Office Contact Name: _____ Office Contact Email: _____

SUPERVISING PHYSICIAN MUST BE BOARD CERTIFIED / ELIGIBLE IN THE PRIMARY PRACTICE SPECIALTY

Are you an intern, resident or fellow? No ☐ | Yes ☐ (If yes, see below) Are you an alumni of KCU-COM? No ☐ | Yes ☐

Attending First and Last Name (Please print Clearly) DO or MD Date Evaluation Completed Primary State Licensed

Attending Physician Signature (Required) Board Certified / Eligible Specialty

Signature of DME / KCU Regional Assistant Dean (Optional)

Please return within One [1] week of the completion of the clerkship to KCU using one of the following:
E-mail: ClinicalEducation@kansascity.edu | Fax: (816) 654-7331

APPENDIX B (Preceptor eValue Quick Start Guide)

Login: www.e-value.net

Welcome Email from E*value will
give you your username/password.
****Encouraged to change it****

View Student Schedules

Reports>
Schedule Reports>
Schedule Report



Schedule Report

Filter Template: (Select a Template)
Curriculum: (All Curricula)
Start Date: 06/19/2017 End Date: 06/19/2018
Show Participation Dates: ☐ No ☒ Yes
Show Sessions: ☐ No ☒ Yes
Format Option: HTML
Show User Photos: ☐ No ☒ Yes
Save Template Next ->

Choose a Curriculum
3rd Year 2017-18 = MS3 students only
4th Year 2017-18 = MS4 students only
Change the Start and End Dates
Click Next

Complete Evaluations

Evaluations>
Evaluation Management>
Manage Evaluations>
Complete Pending
Evaluations



Evaluation Management

Manage Evaluations

[Complete Pending Evaluations](#)

View Completed Evaluations

Reports>
Evaluation Preceptor Reports>
Evaluations Completed By Me



Reports

Search

Evaluation Preceptor Reports

[Aggregate Comments about Preceptors](#)

[Aggregate Preceptor Performance](#)

[Completed Evaluations By Me](#)

APPENDIX C (Preceptor Quick Start Guide)

How do I prepare for the student's arrival?

Affiliation Agreement with health system must be in place

- Fully executed agreement between the school and the health system or practice
- Required for Liaison Committee on Medical Education (LCME) and/or Commission on Osteopathic College Accreditation (COCA)

Adjunct Clinical Faculty Appointment established with KCU

- School-specific process
- Typically requested – CV and license
- Board certification/eligibility required by LCME and COCA

Placement requests for clinical clerkships

- KCU Clinical Clerkship Coordinators, hospital contacts, office/clinic contacts or preceptors to schedule and approve clerkships based on availability

Student credentialing – paperwork required

- KCU Clinical Clerkship Coordinators or hospital contacts
- Information needed to utilize Electronic Health Records (EHR), health system guidelines and expectations for student access

How do I integrate the student?

Student arrival and orientation – what to include

- Relevant information about patient population
- Confidentiality and compliance
- Logistics and expectations: schedule and routine, dress code
- Syllabi – review objectives/school specific clinical requirements
- Discuss expectations for down time in clinic
- Nursing/staff educational opportunities
- Assignments, presentations, homework
- Community integration opportunities

How do I integrate the student? (continued)

Clinical Settings – incorporating the student into the team

- General tour of accessible space in hospital or clinic
- Guidelines for using EHR
- Inpatient rounding
- Outpatient visits
- Operating Room or Labor and Delivery

Formative Feedback

- Recommended to give feedback to students throughout the clerkship, providing initial expectations and mid-clerkship to focus on improvement
- Review overall performance with the student at the end of the clerkship, providing areas of improvement

Tips for teaching millennials

- Work in groups
- Context - What is the global population impact?
- Student's perspective
- Troubleshooting tips

How do I finalize the experience?

Summative feedback – evaluation – online or paper

- Password protection – school specific directions
- Evaluation input is important. Clinical-Clerkship Competency Assessment is part of the final grade
- KCU Clinical Clerkship Coordinators sent evaluations through E*Value

Letter of recommendation

- Provide letter of recommendation as requested by the student
- Upload letter of recommendation to Electronic Residency Application Service (ERAS)

APPENDIX D (Welcome to Preceptorship)

Welcome to Preceptorship!

Preceptors play a key role in the education of medical students! Beyond what can be learned from a textbook or in the classroom, every physician has accumulated a personal store of wisdom and experience. Students benefit from these insights.

Your role as a mentor for future physicians is: To expand their knowledge base, to help them practice new skills, to enable them to problem solve, and to emulate you as a clinician and a member of your community.

Likely there are things you have learned through experience you wish you knew when you first started practice. Integrating the student can be fun! Have students meet your team and interact with them! Tell them something unique about you.

Some of the benefits you may receive include: faculty status, continuing medical education credits (DO-Category 1-B, directly reported to AOA, MD-PRA Category 2-must self-report), access to library resources such as ClinicalKey with approved Adjunct Clinical Faculty appointment.



Affiliation Agreement

- Between the school and the health system/practice
- Required for LCME and COCA Accreditation



Faculty Appointment

- Credentialing paperwork requested-CV and Practice Information
- Board Certification/Eligibility required by LCME and COCA



Placement Request

- KCU Clinical Clerkship Coordinators
- Local Hospital Contacts



Credentialing Paperwork

- Health System Requirements
- Electronic Medical Records



Student Arrival and Orientation

- Course Objectives/Evaluation
- Tips for integrating students into a clinical practice
- Preceptor Contact for Letters of Recommendation- ERAS



Formative Feedback

- Mid Block Discussion-Student Preceptor Issues
- Troubleshooting Tips



Summative Evaluation

- End of rotation discussion
- Evaluation submitted to school



Letter of Recommendation

- Students preparing for residency interviews
- Sample letter of recommendation



Faculty Development

- Online opportunities-school specific
- Conferences on Medical Education

Preceptor Panel Discussion Q and A

Why should you precept?

- ✚ Updated Clinical Knowledge
 - Joseph Joubert said "To teach is to learn twice¹." You'll find you're learning along with your students, as you update your knowledge about trends in medicine and updated clinical practice guidelines.
 - You stay up-to-date on your reading, due to students asking you question and you read to keep up.
- ✚ A Change of Pace
 - Many physicians begin precepting because they feel as though their days have become routine, and they want to add some variety. Precepting can help re-focus your energy and renew your excitement for patient care.²
- ✚ Recruitment Opportunities
 - Developing good working relationships with students may pay off when it's time to add physicians to your practice team.
- ✚ A Chance to Give Back
 - Precepting gives you the opportunity to give make a contribution to the next generation of doctors, just as a doctor once did for you.²

How do students add value to your practice?

- ✚ Reduced Workload
 - Share the work. Students can take patient histories, perform basic tests, and give immunizations. They can also help with non-clinical tasks, such as filling out lab requests, coordinating referrals, updating problem lists, and making calls to patients.
- ✚ An Energized Practice Environment
 - Precepting is a rewarding experience that adds a new level of excitement to everyday patient care. Your students will be excited to perform tasks that may be mundane to you and your colleagues. You'll find that their enthusiasm for patient care is contagious.
- ✚ Opportunities for Staff
 - Precepting gives everyone in your office an opportunity to teach. Students need practice management experience as well as clinical skills, so you'll want to make sure they spend time working with your scheduling, billing, and management staff, as well as with your nurses and PAs. Your staff can be a vital part of the "teaching team."
- ✚ Better Patient Education
 - Medical students are enthusiastic experts who can educate your patients about health conditions and treatment. This will free up you and your colleagues to spend more time on complex cases.
- ✚ Research Support
 - Most medical students are very tech-savvy and can quickly and efficiently research and download information on topics of interest to you. They can also perform EHR queries to use in patient outreach and performance improvement.

What attributes can make you a successful preceptor?

- ✚ Willingness to allow students to pitch in and do procedures.
- ✚ Using your down time to teach students.
- ✚ Good and open communication with the student.
- ✚ Understanding the student's expectations from the rotation.
- ✚ Encourage students to present well because if they are presenting well, they're thinking well.
- ✚ Giving elaborate and honest evaluations, multiple times during the rotation.
- ✚ Encourage constructive criticism.

Tools/ methods that have resulted in effective precepting?

- ✚ Organization
- ✚ Having clearly defined goals: Perhaps a pre-rotation meeting with the student where mutually

Preceptor Panel Discussion Q and A

Tools/ methods that have resulted in effective precepting? Con't

- agreed upon goals, objectives and interests are discussed,
- ✚ Limitations- recognizing limitations in a non-academic setting
- ✚ Try to balance and not overwork
- ✚ Teaching millennials - Textbook reading vs visual learning vs sim labs

Suggestions to incorporate students into busy practice while maintaining productivity?

- ✚ Students can assess one patient, while preceptor is with another one.
- ✚ Students can take patient history and do a thorough physical before the preceptor comes in.
- ✚ Students learn the most when they can see the most patients. Look at the patient list before the day starts, and decide which ones the student should see.
- ✚ On busy days, make them go with nurses to learn to draw blood. All those things are helpful!
- ✚ When someone is not actively teaching them, ask the students to be productive and keep themselves busy by either reading, being in the lab or with the nurses learning various skills.
- ✚ Not all things the student learns needs to be clinical. One of the things to teach them is time management. For example, have the student see the patient who has been waiting the least.

What are some useful strategies for preceptors who teach third year students during their first few rotations?

- ✚ It is a little bit more challenging- start by teaching them how to take good histories, present cases.
- ✚ 'Modelled behavior'- demonstrate to them what your expectations are from them, including skills with patients, how to interact, what questions to ask- make them observe the first few days, show them a couple of examples.
- ✚ A highly popular resource is the 'Resident 360' which a huge compilation of almost every common disease process, landmark review articles, commonly find scenarios etc.
- ✚ Make them shadow the first few days, then add on every week. First week make them do histories, then next week ask them for a full presentation.
- ✚ Typical flow of 15-20 patients/ day. An appropriate load for students will be half that number, 8-10 patients.

Thoughts on taking multiple students together?

- ✚ Students are their own resource when they collaborate on things and work together. It, therefore, helps to have several students learn from each other.
- ✚ When discussing a case/ patient with multiple students together, there is a much more engaged discussion even across students with multiple disciplines. More ideas and potential outcomes are discussed!
- ✚ It depends on the volume of patients- when the volume is high, precepting 2 students is great.
- ✚ It also depends on the individual. May steer away from having students in summer time when volume is low.

Thoughts on involving students with the documentation process?

- ✚ A lot of times, the students do a better job documenting because they spend more time doing it, are more thoughtful about it.
- ✚ Letting them document is a learning experience for them.
- ✚ Training the students to be a part of your documentation process helps get work done and creates that extra time that doctors can spend with the student.

Preceptor Panel Discussion Q and A

Address medical school curricula/expectations. Discuss best practices in evaluating student performance?

- ✚ Learner needs to be told what their expectations are.
- ✚ Let them be involved- supervise them directly.
- ✚ Give them feedback- tell them their weaknesses so they can improve! Start early and work on those areas.
- ✚ Fill out an evaluation form at the end of 2 weeks.
- ✚ Talk to your students and tell them about their weaknesses and strengths and decide on what you'll work on for the next 2 weeks. Give them expectations for the next 2 weeks!

How to create a positive teaching-learning atmosphere at the hospital/ clinic?

- ✚ Involve the student in your world! Include them in everything- everyday conversations, decision making etc.
- ✚ Support them during their entire rotation, and help them study for their shelf exam.
- ✚ Tell them your expectations, work hours and ask them theirs.
- ✚ Create a friendly atmosphere where they're not afraid to ask questions.
- ✚ Encouraging them on the path they're on.
- ✚ Be curious about what residencies they anticipate entering, try to tailor their experience in that line when possible.

What is the reason for preceptor burnout, and how can that be prevented?

- ✚ If everybody did a little bit, then 'preceptor burnout', wouldn't happen! Everyone should try it at least once.
- ✚ The reason preceptor burnout happens is because 20% of the people, do 80% of the job! Small amount of people doing all the work.
- ✚ Having to see patients, teach the student, and worry about documentation. Letting the students document will get some weight off the preceptor's shoulders.
- ✚ Take a vacation!

What do you do when a patient refuses a student doctor?

- ✚ Choose patients you've known for a long time- they're usually receptive of students.
- ✚ Avoid patients with mental illness because these patients are often concerned about their privacy.
- ✚ When sending students into OBGYN practice, pair the student-preceptor in a way that one is female while the other is male.

What should the students be doing during down time when no clinic or surgeries are planned?

- ✚ Give them reading to do, or catch up on things that need to get done.
- ✚ Setting up expectations is important- always encourage students to pick a patient every day to read about at home, discuss this patient over down time to use that time wisely.
- ✚ Ask them to get a set of flash cards to study during down time, because they have shelf exams at the end of every rotation.

Preceptor Panel Discussion Q and A

How do you ensure quality for all clinical students- regardless of their school? For example, how do you connect students to didactic lectures, extra learning opportunities, etc.?

- ✚ Presenting accurately. First: The preceptor does a presentation so the student has a framework; then the student presents and the preceptor provides feedback.
- ✚ Decreasing workload. Avoid extra hours in the evening by utilizing extra time during lunch for teaching. Use students for every other patient or every three (3) patients. Ensure it benefits your daily workflow.
- ✚ Obstacles-What does the student know- Teaching is big for new providers. Time can be an issue.

Suggested teaching methods for new preceptors who do not have extensive teaching experience?

- ✚ Pick the most common diseases you see in your practice, and if there is some standard literature around managing those type of disease, try to teach by discussions based around those things.
- ✚ Focus on encouraging the third year students to be diagnosticians.
- ✚ When taking a fourth year student, you have to dig a little deeper and challenge them a little more.
- ✚ Look at your schedule ahead of time to identify patients which will provide good learning opportunities for the students, identifying those patients and helping students focus on seeing those type of patient is a good educational experience for them.
- ✚ When you feel comfortable in the student's ability to take good histories, and do physical exams- start directly diving into potential differential diagnosis and management strategies.
- ✚ Ask fourth years to focus more on management strategies.
- ✚ Avoid bogging down the day by avoiding conversation that don't really need to happen.
- ✚ There are two major skills you need with students:
 - Demonstrate Clinical Skills accurately
 - Communicate effectively

What are some methods we can suggest to our physicians to be preceptors?

- ✚ If you're in a group with several partners, splitting up the month is helpful/ working different weeks with the student.
- ✚ Medical students keep you sharp- If you don't know an answer, you secretly go and look that up. They keep you up to date.
- ✚ Students are especially helpful dealing with technology.
- ✚ The only reason that would keep someone from doing it is the time commitment!
- ✚ Students make our days much more interesting. We get to know them on a personal level. Based off their interest, we can tailor the teaching process.

References

1. Joubert J. *The Notebooks Of Joseph Joubert*. Auster P trans-ed. New York: New York Review; 2005.
2. Suzewits J. Precepting: Help Yourself While Helping Students. *Fam Pract Manag*. 2002 Feb;9(2):68.