Rural Physician Associate Program & Metropolitan Physician Associate Program

Preceptor Guide

2023-2024

UNIVERSITY OF MINNESOTA

Medical School

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RPAP and MetroPAP Preceptor Guide

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

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

RPAP Mission Statement & Program Description

The Rural Physician Associate Program is designed to prepare future physicians to address the healthcare needs of rural communities. The program is designed to nurture third year students' interest in rural medicine and primary care by providing a strong rural experience and educational curriculum.

RPAP is a longitudinal continuity curriculum for third year medical students in rural settings where they complete clinical clerkships while being guided and mentored collaboratively by both academic and community faculty. The program develops professional identity by providing students with authentic roles on the medical team and community. It provides students with a broad perspective on patients' experience of illness and on comprehensive care in the context of family and the community.

MetroPAP Mission Statement & Program Description

The Metropolitan Physician Associate Program is designed to prepare future physicians to effectively address the healthcare needs of urban underserved communities. The program is designed to help third year students understand the impact of social determinants on individual patients and population health, and the value of advocacy for systems change.

MetroPAP is a longitudinal continuity educational curriculum for third year medical students in urban settings where they complete clinical clerkships while being guided and mentored collaboratively by both academic and community faculty. MetroPAP provides an immersive, hands-on experience in an urban setting working with diverse underserved communities. The program develops professional identity by providing students with authentic roles in the medical practice and community. It provides students with a broad perspective on patients' lived experience and the value of accessible, affordable, comprehensive care in the context of family and the community.

The RPAP and MetroPAP Commitment to Diversity and Inclusion

- We believe that our medical students will become doctors who will serve diverse populations
- We want our students to be able to understand healthcare disparities and work with people who are different from them
- We recognize and appreciate diversity in race, ethnicity, gender, sexual orientation, veteran status, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies
- We invite conversation about diversity and inclusion and we challenge our assumptions and are transparent about our biases

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PRECEPTOR GUIDE

Educational Objectives for RPAP

- Apply the principles of Family Medicine Care: comprehensive, whole-person focused care valuing continuity and communication.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills within the context of the patient's family and community.
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common and less common presentations.
- Manage follow-up visits with patients having one or more common chronic diseases with preceptor guidance.
- Develop evidence-based health promotion and disease prevention plans for patients of any age or gender.
- Recognize and reflect on challenges to professionalism and physician well being.
- Seek out basic primary care procedural skills essential to primary care clinicians.
- Compare and contrast local health care team professional roles and contributions to health care delivery.
- Experience comprehensive primary care across care delivery locations which may include inpatient, outpatient, nursing home, labor/delivery and homecare.
- Participate in call and after-hours patient care responsibilities.
- Provide initial patient evaluations including: targeted history and exam, differential diagnoses, management plans and documentation for patients with common and less common presentations.
- Appraise conflicting recommendations in evidence-based health promotion and disease prevention plans.
- Compare the pros and cons of physician roles specific to the practice of medicine in a rural environment.
- Appraise fundamental aspects of rural health care including practical issues that impact care delivery, rural health care systems, and factors that contribute to and perpetuate health disparities specific to a rural population.

Educational Objectives for MetroPAP

- Apply the principles of Family Medicine Care: comprehensive, whole-person focused care valuing continuity and communication.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills within the context of the patient's family and community.
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common and less common presentations.
- Manage follow-up visits with patients having one or more common chronic diseases with preceptor guidance.
- Develop evidence-based health promotion and disease prevention plans for patients of any age or gender.
- Recognize and reflect on challenges to professionalism and physician well being.
- Seek out basic primary care procedural skills essential to primary care clinicians.
- Compare and contrast local health care team professional roles and contributions to health care delivery.

- Experience comprehensive primary care across care delivery locations which may include inpatient, outpatient, community centers, nursing home, labor/delivery and homecare.
- Participate in call and after-hours patient care responsibilities.
- Provide initial patient evaluations including: targeted history and exam, differential diagnoses, management plans and documentation for patients with common and less common presentations.
- Appraise conflicting recommendations in evidence-based health promotion and disease prevention plans.
- Recognize that there are physician roles specific to the practice of medicine in a medically-underserved environment.
- List fundamental aspects of urban health care including practical issues that impact care delivery, health care systems, and factors that contribute to and perpetuate health disparities specific to a medically-underserved population.

The Primary Preceptor's Role

RPAP/MetroPAP Primary Preceptor

As a primary preceptor, you assume the key role in establishing the student's place in your clinical home, and monitoring the student's professional development. In addition to clinical training, your mentorship is essential in growing a compassionate physician leader.

As a primary preceptor, you will be expected to:

- Participate in the education of and contribute to the regular assessment of your assigned student
- Be responsible for the completion of evaluations of student performance, including the "clinical skills assessments" (twice per clerkship). A subset of these evaluations may be delegated to staff physician colleagues if a colleague is in a better position to assess the student's performance in a specialty
- Ensure the completion of frequent, brief, targeted, clinical skills assessments (EPA assessments) by you and your team of colleague physicians and/or resident physicians at your site
- Act as a role model and mentor for the student
    - Welcome the student into your professional life in the clinic, hospital and community
    - Include the student in your professional duties beyond clinical care – administrative meetings, hospital committees, quality improvement projects, etc.
    - Invite the student to join in your community engagement or outreach
    - Maintain a supportive learning environment by being enthusiastic, honest, and carrying a positive attitude
- Describe your practice to the student, include your student in your clinic's care process, EMR, results notification systems, referral systems, and collaboration with other health professionals (MAs, Nursing, Pharmacy etc.)
    - Introduce your colleagues and orient them to the role of the student and the student's abilities, especially if they are to work with your student in your absence
- Meet with your student on a weekly basis, even during weeks a student is mostly spending time in a specialty field, to check in on progress and discuss continuity patients
    - Structure routine and protected times to provide feedback to the student, talk with the student about particular cases, or ask them to present cases to you for critique

- Participate in site visits at your clinic as your schedule allows, at a minimum blocking lunch on visit days to meet with visiting RPAP/MetroPAP faculty
- Attend an annual preceptor orientation with RPAP/MetroPAP and stay current on program policies and procedures by reviewing the preceptor manual and PAP communications sent throughout the year
- Act as the key liaison between your site, your colleagues/residents, and the director of RPAP/MetroPAP to communicate any questions or concerns
- Facilitate a open and welcoming learning environment for your student, and serve as the primary contact for student concerns at the site level
- Plan and monitor student continuity panel and professional development:
    - Teach students to preview patient schedules and help students develop longitudinal relationships with a panel of patients. This can include clinic patients, home care patients, transitional patients, nursing home patients, if applicable, who students can follow in the extended care facility, clinic and hospital environments
    - Help the student track continuity of care with patients using the EMR or other means to track a "panel of patients"
    - Review the student's professional progress: periodically review chart notes, panel management efforts, the student's EPA dashboard, and "required clinical encounters" log
    - Schedule students for call when you're on call or arrange for students to take call with your resident team following UMN policies around call and duty hours (Students are encouraged to participate in an on-call experience at least twice per month. Students are to be on call no more often than every 4th night and every 4th weekend. Many students will take call about one night a week and one weekend day a month. Students should NOT be on call the night before scheduled program activities (Communication Session Visits and Specialty Faculty Visits) or before they take examinations.)
- Be familiar with medical school policies and procedures around student mistreatment which are outlined in the preceptor guide. Maintain personal and professional boundaries with your student. Students should not be asked and should not offer to perform personal services (examples: grocery shopping, errand running, childcare). These circumstances could lead to a conflict of interest in a student's assessment and professional development

The Student's Role

RPAP/MetroPAP students have basic competency in history taking and physical exams, as well as creating a differential diagnosis. Over the course of the program, you can gradually increase the student's area of responsibility. It is important to remember that the student will always require supervision.

RPAP and MetroPAP students have completed eight weeks of inpatient internal medicine and most students have completed two-week inpatient clerkships in each of these specialties: obstetrics and gynecology, pediatrics, and psychiatry prior to arriving in the community.

Throughout the 9 months of the program, a student should learn how to evaluate and care for a broad mixture of medical problems that are seen in primary care settings. Students will be assessed with the Entrustable Professional Activities assessments (EPA's), Clinical Skills Assessments (CSA's) which

covers 5 professional criteria, and a RCE log (Required Clinical Experiences). Summative comments for the MSPE (Medical Student Performance Evaluation) will be included as part of the Clinical Skills Assessments.

The passing grade on the CSA is 70% (3.5 averaged over the 5 questions). Please email the RPAP/MetroPAP team (rpapumn@umn.edu) if you have concerns about a student's performance or they are scoring below an average of 3.5.

MSPE comments are required on the CSA evaluations. Personalized, positive MSPE comments are even more important for residency selection, now that most courses are graded pass/no-pass. Briefly describing a time a student exhibited a key behavior is an effective MSPE comment strategy.

Clinical Learning During RPAP/MetroPAP

As of last year, all physicians who will be spending time with students need a medical school faculty appointment. Most primary preceptors will have an adjunct faculty appointment and most specialty physicians will secure a "community instructor" appointment. Please anticipate any physician who might work with the student this year, and email us the physician names, specialty, email address and office phone number so that we can make this appointment. (If you already sent a preceptor's information to us last year, you do not need to resend information for that individual.) **This is required to maintain accreditation.**

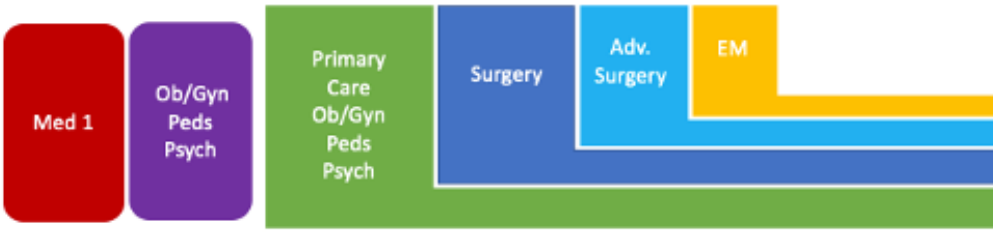
Not only will students learn from multiple physicians, they should experience an **interprofessional team approach** to health care. Students will learn various team member roles, and should participate in collaborative care including handoffs and transitions of care. During the early weeks of the program, your student should spend several days meeting the other health professionals in the community including nursing personnel and office staff; physical, occupational, and respiratory therapists; laboratory technicians; dietitians; hospital and clinic administrators; pharmacists; public health and school or parish nurses; social workers and mental health professionals. The student should learn about the roles they play in the care of the patients in your community. Through this activity, they will develop a context for how healthcare is provided and your collaborative model for your patients. Students may need your help identifying key health professionals in your community.

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

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

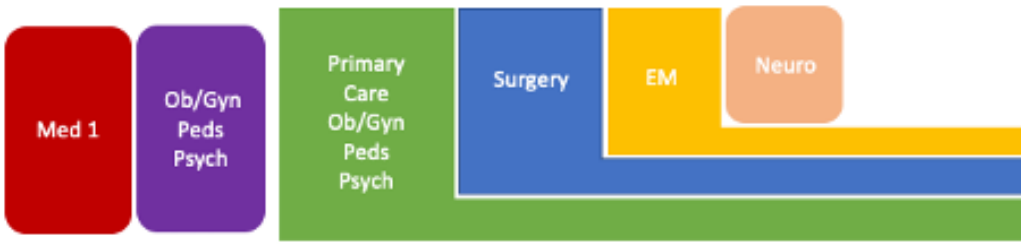
CURRICULUM - CLERKSHIP SCHEDULE

RPAP Schedule



On TC/Duluth campus for 14 weeks:	In rural community site for 38 weeks. Includes:
	18 credits of Primary Care
	4 credits of Foundations of Surgery
	4 credits of Advanced Surgery and Procedures
8 weeks Med 1	4 credits Emergency Medicine
2 weeks initial	2 credits each of: Ob/Gyn, Peds, and Psych
"bursts" of:	Each discipline is initially blocked and then threaded.
Ob/Gyn	
Peds	2 weeks of vacation
Psych	1 week back on campus for intercession

MetroPAP Schedule



On TC/Duluth campus for 14 weeks:	In metro community site for 38 weeks. Includes:
	18 credits of Primary Care
	4 credits of Surgery
	4 credits Emergency Medicine
8 weeks Med 1	2 credits each of: Ob/Gyn, Peds, and Psych
2 weeks initial	Each discipline is initially blocked and then threaded.
"bursts" of:	4 weeks of Neurology through the clerkship
Ob/Gyn	
Peds	2 weeks of vacation
Psych	1 week back on campus for intercession

Prior to starting RPAP/MetroPAP:
Most students will have completed several clinical experiences before starting RPAP/MetroPAP:

8 weeks of Internal Medicine
2 weeks of OB/GYN
2 weeks of inpatient Psychiatry
2 weeks of inpatient Pediatrics
RPAP-MetroPAP Orientation training

Please note: a few students have not completed all prerequisite experiences; we have several students who will not have completed 2 weeks of OB/GYN and will be completing a full 4 weeks of OB/GYN clinical experience at their PAP site.

During RPAP-MetroPAP:
Most students will complete 36 credit weeks. They will complete 36 weeks of clerkships (plus 2 weeks of vacation); MetroPAP students will complete 4 weeks of Neurology. Some of this clerkship time will be used on exam preparation, online curriculum, presentation preparation, CHA project time, etc. which all fall under the broad umbrella of "independent learning time" (ILT). Students are expected to spend about one half day per week during "business hours" in these out-of-clinical activities.

Primary Care at your Clinic:

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

Primary Care Intermediate* (6 credits): ~48 half-days of clinic/primary care inpatient service (average 1 full day of clinicals per week, may be divided in full or half day increments) between November and the end of April.
*Students with unique schedules may have more or less PC-Intermediate credits, and should plan 8 half-days of clinic/primary care inpatient service per credit

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

Inpatient Care: Inpatient rounding systems will vary by site, and there is flexibility for students to participate with their primary preceptor on traditional daily rounds, "rounder of the week", or with hospitalists. It is recommended that students complete an equivalent of about 2 to 3 weeks of inpatient exposure over their 9 months. Depending on the site's inpatient census and practice patterns, students may participate in more or less inpatient care. For students working with a hospitalist, or residency inpatient team, rounding weeks are often best organized in full week chunks.

On Call: students are encouraged to participate in an on-call experience at least 2 times per month. Students cannot be on call more than every 4th night, 24 hour consecutive call time limit, and minimum 10 hours rest between work periods. Call responsibilities vary by site and specialty, but should mirror the call of the preceptor. Students may take call experiences with primary care and specialist physicians.

Specialties at the Hospital :
RPAP Emergency Medicine: Minimum equivalent of 12 (8-hour) shifts, students may elect to do more than the minimum number of shifts
MetroPAP Emergency Medicine: MetroPAP students in the Twin Cities will be scheduled for a 4-week block; minimum 12 shifts + Didactic conferences/simulations (Note- St. Cloud MetroPAP students will be scheduled by their site and do not have to attend TC didactic conferences/simulations)

Specialties at the Hospital, Clinic, and/or Surgery Center:
RPAP Fundamentals of Surgery: 40 half days of General Surgery
RPAP Advanced Surgery and Procedures: 40 half days of additional general surgery/surgical subspecialties/endoscopy, anesthesia, wound care, procedures performed by primary care, medical care preparing for medical procedures (pre-operative assessment) or medical care post procedure, or a combination based on student interest, instructor availability and available site experiences
MetroPAP Fundamentals of Surgery*: 4 weeks of General Surgery. MetroPAP students in the Twin Cities should participate in a ½ day of continuity clinic (for Primary Care Intermediate) instead of a full day each week during their surgery rotation.

***Scheduling note for MetroPAP Surgery and EM**
MetroPAP students in the Twin Cities have already been scheduled for a 4-week block of Surgery and Emergency Medicine. Most MetroPAP students are completing Surgery and Emergency Medicine at a hospital that also hosts traditional block clerkship students. At these sites, MetroPAP students more closely mirror the block clerkship schedule. Students should plan to review online surgery learning modules prior to and during this block, and will take the Emergency Medicine exam on the last day of the rotation, at the same time as the block clerkship students. MetroPAP students may inquire about participating in additional ER and OR time before or after their Surgery and EM scheduled time, but must participate fully in the blocked time. See the individual student schedule for Surgery and EM blocks. Please note the following exceptions:

- MetroPAP students in St. Cloud will have their surgical and EM time scheduled via the CentraCare scheduler.
- MetroPAP students completing Surgery at St. John's will work with their site coordinator to schedule clinical time.

Specialties at the Clinic and/or Hospital:
These experiences of RPAP/MetroPAP can be scheduled in any number of flexible ways, as long as the following minimum exposure occurs over the 9 month experience:

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

Psychiatry: 20 half-days over the 9 month experience
Pediatrics: 20 half-days over the 9 month experience

OB/GYN, Psychiatry, and Pediatric experiences may be completed with a specialist or with a Family Medicine physician.

Please note that while students will likely spend time with non-physician providers, all experiences need a final student evaluation (CSA) by a ***practicing staff physician with an adjunct faculty or community instructor faculty appointment. Please contact the RPAP/MetroPAP office with the name of any new physicians who will be supervising students, so we can appoint them as a community instructor*** .

Clerkships on Campus:

MetroPAP Neurology (4 weeks): MetroPAP students will complete 4 weeks of Neurology. The first two weeks are mostly remote with some required experiences on the Twin Cities campus, usually on Tuesday mornings. The second two weeks of the course are in a clinical site in the Twin Cities.

Becoming a Doctor Week (intercession): RPAP and MetroPAP students will spend one week on campus (or perhaps virtual) 1/1/24-1/7/24.

Important Dates:

Your student will be in your community from Monday, October 2, 2023 through Friday, June 14, 2024.

Students will be on campus for these dates:
RPAP/MetroPAP Orientation: September 25 – 28, 2023
Becoming a Doctor training week: January 1 - 7, 2024
Mid-Year Activities: 2 days in mid-March. Students will have an on-campus workshop in March 2024 as well as possible half day or full day of online activities. The exact date will be announced later this year.
End of Year: the week of June 17, 2024
Students may also need to come to campus or take time away from their sites for the OSAT exam. Our central RPAP/MetroPAP office will work with the students to schedule this exam.

Time Out of the Clinic:

Students must have at least two consecutive days off, ON AVERAGE, every other week and at least one day off every seven days.

VACATION: Each student may schedule 10 weekdays of vacation in consultation with the Primary Preceptor and/or clinical scheduler. Students may have weekends off when not on call. Students should not plan to take significant time off during the start or end of the program. Students must submit time off requests to the RPAP/MetroPAP office if they would like to request more than a few days off in October or June. Students are expected to attend all required program sessions, including Orientation, Mid-Year and End-of-Year events.
MetroPAP students should not plan to take more than 1-2 days off during any scheduled block rotation (Emergency Medicine or Surgery). Any vacation time during these blocks must be approved by the

clerkship and MetroPAP office. Any MetroPAP student who wishes to take time off during their Neurology rotation will need to work with the Neurology clerkship directly.

INDEPENDENT LEARNING TIME (ILT): Students should protect up to 4 hours a week, on average, during regular weekday business hours, for Independent Learning Time. Students should schedule their ILT in consultation with their primary/specialty preceptor to maximize learning time in the clinical environment. Some students/preceptors take a full day every other week or other schedule to meet this average.

HOLIDAYS: Students will have 6 federal holidays off during the program:
Thanksgiving Day (Nov. 23, 2023)
Christmas Day (Dec. 25, 2023)
New Year's Day (Jan. 1, 2024)
Rev. Dr. Martin Luther King, Jr. Day (Jan. 15, 2024)
Memorial Day (May. 27, 2024)
Juneteenth (June. 19, 2024)

SICK TIME: Students who experience unexpected illness can have up to 2 days/month of excused, unplanned sick time; students should attempt to make up these sick days when possible. Previously arranged doctor appointments should be considered part of the Independent Learning Time.

Student schedules must conform to the Student Duty Hours policy.

Please check with your teaching partners in the near future to identify any potential conflicts like vacations, maternity/paternity leave, or other student learner rotations. We ask that as much flexibility as possible is left in the scheduling process, so that your student can have input on their schedule/learning plan upon their arrival in early October.

Required Clinical Experiences (RCE)

Upon completion of the core required clerkships, all University of Minnesota Medical Students will have learned about a common set of conditions, procedures, and presenting symptoms. This list was created by an interdisciplinary team made up of clinical faculty, foundational science faculty, and students from both campuses to encompass high yield learning opportunities that any medical student, regardless of speciality, should experience and learn. Successful completion of RCE is a requirement for graduation. PAP faculty estimate that most students should be able to log all of the required clinical experiences by the end of March.

How to orient your Student (First 4 Weeks)

- START SLOWLY. Take some time to show your student around the hospital and clinic. Introduce your student to other health professionals and staff and help your student get established and familiar with policies and practices in your community.

- Discuss mutual expectations for the 9 months of RPAP/MetroPAP. Give your student an overview of the depth of medical care that you provide in your community. Tell them about all the outreach physicians who serve your community and how they can enhance their learning by engaging these physicians as well.

- Explain established and effective practice routines within the clinic, hospital, emergency room, nursing home and the call procedures.

- Explain the effective use and role of clinical health personnel to the student. Introduce them to each health care professional and explain the RPAP/MetroPAP student's role in interacting with patients, staff and other health care professionals.

- Together with your student, complete and discuss their **Learning Contract**. This will help formalize both of your thoughts on important goals for the nine months. The time will go quickly and it helps if students take time with you in the beginning to plan.

Tips for Successful Precepting

The following are useful tips and helpful models we have collected over the years related to precepting:

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

An efficient way to incorporate this comprehensive student experience into your busy clinical practice is to have the student perform the initial assessment for a selection of your patients, then "precept"/present the patient history, assessment, and proposed plan to you **IN THE PATIENT'S PRESENCE**.

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

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

More information on this model is available at [http://www.stfm.org)](http://www.stfm.org).

At least once per week ask the student to do **reading or briefly research** a case you see together and report those findings to you the next day.

Set aside time each day to **review progress** and answer any questions. This can be as short as 5 minutes if you are particularly busy. If you are with the student for more than a week, set aside a weekly debrief session of about 15 minutes. Specific, actionable, formative feedback is essential to your student's development. Relate feedback to learning goals, expectations, observed behavior, and improvement. Invite the student to tell you how you might improve their learning experience.

Student Feedback: "Ask - Tell - Ask" Model:

- **Ask** the student how they thought they did

- **Tell** the student what you observed, using concrete examples
- **Tell** the student how you thought they did
- **Ask** the student if they have questions
- **Ask** the student what they would like to work on next

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

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

Complete formative EPA evaluations. RPAP and MetroPAP students are assessed using the Core Entrustable Professional Activities (EPAs). Students will receive assessments of their performance on the Core EPAs as the primary form of ongoing, point-of-contact feedback on this clerkship. More information about EPAs can be found under Assessments later in this document.

Complete formal student evaluations. Your student will schedule times with you and specialty preceptors to go over feedback and fill out the CSA evaluation. Your student should send you a copy of this evaluation a few days in advance of the meeting so that you can prepare your scores and comments. The student is responsible for pulling up the evaluation electronically on their device so that you can fill out the form together, or you can ask the student to scribe your responses. Please note a passing score is 70% or an average of 3.5. See section "Assessments" for more information.

The SNAPPS Model for Case Presentations:
Case presentations are one of the most fundamental skills needed by physicians to communicate essential clinical data. Many times, case presentations by students and other novice learners are very disorganized and difficult for the preceptor to understand. This unorganized approach wastes time and also can put patients at risk because critical data is omitted and the teacher has limited ways to understand the thinking process used by the student. Medical Students and residents can use the 6 step "SNAPPS" Model to effectively organize case presentations in the educational setting.

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

The steps in the model are:

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

We recommend that Clinical Preceptors urge students to use the SNAPPS model of presenting a case. We feel this will lead to **enhanced educational benefits** for the students, and also **enhanced clinical care** of the patient in a time effective manner.

We understand that not all cases are appropriate for SNAPPS presentations, and that certain cases may have more focused learning opportunities that can be accomplished in a different manner. However, use of SNAPPS will help students with more complex patient situations and the model should be encouraged when doing more comprehensive assessments.

RPAP/MetroPAP Learning Contract

to be completed by student and preceptor online

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

The student is in your community for a total of 36 weeks. They will complete 34 weeks of clerkships. Remember that some of this time is dedicated to exams, online curriculum, and ILT (independent learning time) – it is not all in clinic. Please see the Clinical Learning section for details about the different clerkships in the program.

The Learning Contract will also ask for the contact information of preceptors as well as their clinical assistant if this information was not provided last year. This includes the primary preceptor and any specialty preceptors the student expects to work with. If a new preceptor is added after the contract is submitted, please send their contact information to the RPAP/MetroPAP team (rpapumn@umn.edu) so that we can make a community instructor appointment.

RPAP and MetroPAP Curriculum

All preceptors should be aware that RPAP and MetroPAP students complete curricular modules, projects, exams, and site visits AS PART OF their clinical education. Not all hours will be spent in the clinic. Here is a brief overview of the work students complete during the program.

- **Evidence-Based Medicine and Clinical Answers:** Students take clinical questions and write a PICO question, a Critically Appraised Topic, and a Plain Language Summary.
- **Community Health Assessment:** Students perform a health needs assessment of your community and identify one project they can work on during their 9 months. At the end of the program, the student has contributed to improving the health of your community in a measurable way.
- **Learning Modules:** Students study and apply different topics to their clinics and communities: Principles of Cost-Effective and Preventative Care, Telemedicine, and Palliative Care.
- **Addiction Medicine Curriculum**: Students will take part in a series of webinars on different topics related to addiction medicine, especially opioid use disorder and treatment. You are welcome to join your student to learn more!
- **Neurology Curriculum**: Students will take part in a series of webinars about different Neurology topics that are relevant for primary care providers. You are welcome to join your student to learn more!

- **Health Equity Curriculum:** Students complete 3 cases from the Aquifer Social Determinants of Health course- these include a module around the principles of social determinants of health and two patient cases. Students complete a two-part Racism in Pediatrics assignment
- **Final Exams:** students take exams in OB and Emergency Medicine during RPAP/MetroPAP. Students will also take the OSATS exam with RPAP/MetroPAP faculty, and an oral exam with a site surgical preceptor for their surgery clerkship. Currently, these exams are being offered virtually, so students can take them without traveling to campus.
- **Site Visits:** Please try to be available for site visits at your clinic.
    - Communication Session Visit #1: At the first CS visit the core faculty will record a student-patient interview. After reviewing the video, the student and the core faculty will discuss communication skills as well as how various psychosocial factors may relate to the patients' presenting complaints. For the remainder of the visit, the core faculty member will shadow the student seeing and presenting patients with the preceptor.
    - Specialty Faculty Visits (SFVs) #1, #2, #3: RPAP and MetroPAP students gather in clusters at assigned sites. A visiting faculty member from one of the departments of Family Medicine, Surgery, OB/GYN, Internal Medicine or Pediatrics, and an RPAP/MetroPAP core faculty member travel to spend the day with the cluster.
      Each student is required to prepare a case presentation. The visiting faculty will conduct a teaching presentation over the lunch hour. Through formal presentations and discussion of patient cases, SFVs provide group learning experiences in specialties. Physicians and students will also have conversations about specialty discernment, patient populations, and wellness techniques.
    - Specialty Faculty Visit (SFV) #4 Capstone Grand Rounds Presentation: All students present a grand rounds conference quality capstone presentation on a patient they saw in PAP. This presentation will incorporate all the skills developed in SFVs 1-3. RPAP and MetroPAP students gather in clusters at assigned sites. A visiting faculty member from one of the departments of Family Medicine, Surgery, OB/GYN, Internal Medicine or Pediatrics, and an RPAP/MetroPAP core faculty member travel to spend the day with the cluster and present over the noon hour.
    - Communication Session Visit #2: The second CS visit is an opportunity for the core faculty to observe the student's progress in interviewing and providing patient care. In the afternoon, students will also discuss educational experience on RPAP/MetroPAP and the residency selection process.

Clerkship Objectives

Primary Care Introduction

- Apply the principles of Family Medicine Care: comprehensive, whole-person focused care valuing continuity and communication.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
- Manage follow-up visits with patients having one or more common chronic diseases.
- Develop evidence-based health promotion and disease prevention plans for patients of any age or gender.
- Recognize and reflect on challenges to professionalism and physician well being.

Primary Care Intermediate

- Apply the principles of Family Medicine Care: comprehensive, whole-person focused care valuing continuity and communication.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills within the context of the patient's family and community.
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common and less common presentations.
- Manage follow-up visits with patients having one or more common chronic diseases with preceptor guidance.
- Seek out basic primary care procedural skills essential to primary care clinicians.
- Develop evidence-based health promotion and disease prevention plans for patients of any age or gender.
- Recognize and reflect on challenges to professionalism and physician well being.
- Compare and contrast local health care team professional roles and contributions to health care delivery.

Acting Internship in Primary Care

- Experience comprehensive primary care across care delivery locations which may include inpatient, outpatient, nursing home, labor/delivery and homecare.
- Participate in call and after-hours patient care responsibilities.
- Apply the principles of Family Medicine Care: comprehensive, whole-person focused care valuing continuity and communication.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills within the context of the patient's family and community.
- Provide initial patient evaluations including: targeted history and exam, differential diagnoses, management plans and documentation for patients with common and less common presentations.
- Manage and document follow-up visits with patients having one or more common chronic diseases with preceptor guidance.
- Seek out basic primary care procedural skills essential to primary care clinicians.
- Appraise conflicting recommendations in evidence-based health promotion and disease prevention plans.
- Develop evidence-based health promotion and disease prevention plans for patients of any age or gender.
- Recognize and reflect on challenges to professionalism and physician well being.
- Compare and contrast local health care team professional roles and contributions to health care delivery.
- RPAP: Compare the pros and cons of physician roles specific to the practice of medicine in a rural environment.
- MetroPAP: Recognize that there are physician roles specific to the practice of medicine in a medically-underserved environment.
- RPAP: Appraise fundamental aspects of rural health care including practical issues that impact care delivery, rural health care systems, and factors that contribute to and perpetuate health disparities specific to a rural population.
- MetroPAP: List fundamental aspects of urban health care including practical issues that impact care delivery, health care systems, and factors that contribute to and perpetuate health disparities specific to a medically-underserved population.

Surgery

Objectives 1-5: Recognize, diagnose, and begin care for surgery patients.

- Summarize key patient information from 15 core content topics in general surgery.
- Interpret common diagnostic studies and apply them to specific patients.
- Propose diagnostic and/or treatment plans for patients' diagnoses as part of patients' care.
- Generate an accurate prioritized problem list for patients with attention paid to the urgency of each problem
- Apply knowledge including pathophysiology of disease and standards of diagnosis and treatment to specific patient scenarios.
- Formulate a reasoned differential diagnosis on specific patients for their major presenting problems.
- Conduct a thorough history and physical exam.
- Conduct a focused exam of the chest and abdomen.
- Formulate a plan for pre and post-operative patients.
- Execute specific procedural skills performed at bedside and in the operating room.
- Practice knot tying and suturing in preparation for clinical rotation and technical exam.

Objectives 12-14: Function as a junior member of an interdisciplinary healthcare team.

- Actively support those you work with and seek to learn from them.
- Appraise when to refer a patient and/or call for consultation or help.
- Exhibit professional behavior at all times including but not limited to dress, interpersonal skills, and communication with patients and team members.
- Recognize, diagnose, and begin care for surgery patients: Summarize key information from 15 core
- content topics in general surgery
- Recognize, diagnose, and begin care for surgery patients: Conduct a thorough history and physical exam Recognize, diagnose, and begin care for surgery patients: Conduct a focused exam of the chest and abdomen
- Recognize, diagnose, and begin care for surgery patients: Formulate a plan for pre- and post-operative patients
- Recognize, diagnose, and begin care for surgery patients: Execute specific procedural skills performed at bedside and in the OR
- Function as a junior member of an interdisciplinary healthcare team: Actively support those you work with and seek to learn from them
- Function as a junior member of an interdisciplinary healthcare team: Know when to refer a patient, call for consultation or help
- Function as a junior member of an interdisciplinary healthcare team: Exhibit professional behavior at all times (i.e., dress, interpersonal skills and communications with patients and team members)

Advanced Surgery and Procedures (RPAP only)

- Identify procedures that are performed by primary care physicians in the site community
- Participate in procedures and execute specific procedural skills under the direction of a supervisor
- Participate in the informed consent process
- Practice knot tying and suturing
- Exhibit professional behavior at all times including but not limited to dress, interpersonal skills, and communication with patients and team members.

Pediatrics

- Obtain, interpret, and prioritize information to guide care.
- Propose diagnostic and therapeutic plans and collaborate with the patient, family, and health care team to finalize and effectively carry out these plans.
- Investigate, refine, and apply knowledge of foundational, clinical, population, and socio-behavioral sciences to the care of patients and families.
- Communicate effectively with patients, families, and the health care team to support shared understanding, decision-making, and collaborative care.
- Demonstrate a compassionate, reliable, trustworthy, and ethical professional identity.
- Identify and implement strategies to sustain lifelong professional and personal growth.

Obstetrics and Gynecology

- Develop competence in the medical interview and physical examination of pregnancy-capable persons, including performing a breast/chest and pelvic examination.
- Propose preventative care for women/pregnancy-capable persons and applicable, age-appropriate screening.
- Recommend and interpret common diagnostic outcomes based on the physiological changes of pregnancy.
- Engage in prenatal, intrapartum and postpartum care for birthing persons.
- Formulate a differential diagnosis and management plan for common, benign gynecologic conditions.
- Demonstrate perioperative care and familiarity with gynecological procedures.
- Provide culturally competent care for pregnancy-capable persons across the lifespan including diverse ethical and social perspectives.
-

Psychiatry

- Develop rapport with patients and families, and provide patient and family education, patient advocacy, and demonstrate empathy, caring, and honesty in all patient encounters.
- Independently conduct an organized, comprehensive psychiatric history and thorough mental status exam using interview techniques and accurately present patient encounters, verbally and written.
- Seek and incorporate feedback, engage in self-reflection, and identify gaps in knowledge.
- Demonstrate self-confidence that puts patients, families, and members of the health care team at ease.
- Demonstrate professional behaviors and the highest ethical standards at all times including timeliness, reliability, and respect.
- Apply basic QI methodology to the role of the physician in improving quality and safety in healthcare.
- Describe informed consent and judicial commitment in Minnesota and the limits of confidentiality.
- Communicate effectively with and demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, gender identity, age, culture, race, religion, disabilities, socioeconomic status, body habitus, and sexual orientation.

For the following disorders and conditions including mood, anxiety, neurocognitive, psychotic, personality and eating, substance use/disruptive/paraphilic disorders and psychiatric emergencies, students will be able to:

1. Develop and prioritize a differential diagnosis by applying principles of psychopathology and knowledge of medical illness.
2. Describe the major diagnostic tests and procedures used in treatment including laboratory tests, neuroimaging tests, and psychometrics.
3. Describe the indications, contraindications, and side effects of somatic treatments such as pharmacological, psychotherapy, and electroconvulsive therapies.

Emergency Medicine

- Perform clinical evaluation and treat ED patients under supervision of EM faculty or senior residents.
- Develop understanding of core emergency medicine topics by attending ED lectures, conferences, and readings.
- Perform EM procedures under the supervision of ED faculty or senior residents. Including but not limited to: splinting, venipuncture, and suturing uncomplicated wounds.
- Demonstrate effective team leadership and team membership in simulated patient encounters and debriefing of each encounter.
- Practice airway ventilation and vascular access in fresh cadaver lab including but not limited to: basic airway, advanced airway, positive pressure ventilation, cricothyrotomy, needle decompression, chest tube and suturing, and intraosseous infusion.
- Recognize and incorporate ethical, social, and diverse perspectives to ensure culturally competent emergency medical care.

Guidance for Preceptors and Students considering an out-of-state or international Medical Experience DURING RPAP or MetroPAP

Attendance at international health care experiences is difficult during RPAP/MetroPAP. Students who would like to accompany their preceptor on an international healthcare experience (such as a Medical Mission trip) must have their program evaluated by the Center for Global Health and Social Responsibility: globalhc@umn.edu.

Assessments

Assessment Reference Charts

The documents linked below outline the different assessments in the RPAP/MetroPAP programs and can be used as a quick reference document for preceptors:
RPAP Assessment Map
MetroPAP Assessment Map

Entrustable Professional Activities - EPAs (Formative Feedback)

Longitudinal programs offer a valuable framework for multiple formative feedback opportunities. RPAP and MetroPAP students are assessed using the Core Entrustable Professional Activities (EPAs). EPAs, the rating scale and form access can be found on this document. Students will receive assessments of their performance on the Core EPAs as the primary form of ongoing, point-of-contact feedback on this clerkship.

- EPA evaluations can be completed by the following
    - Attendings on the student's team
    - Assessment and Coaching Expert (ACE)
    - Residents (All PGY levels)
    - APPs- less than 25% of the total per clerkship

EPA assessments should be student-initiated: the student should approach the evaluator in the course of their daily work, suggest an EPA to complete, bring up the EPA form on their mobile device, and then provide their device to their evaluator to complete the evaluation. Multiple EPA evaluations may come from the same encounter (for example, one observed patient admission may be used to complete multiple EPA evaluations).

The student and evaluator should also engage in dialogue about the observed behavior, with attention paid to highlighting areas of strength and improvement. While the EPA intended for evaluation may be identified after the observed behavior has occurred, **it is frequently more helpful to identify a target EPA in advance.** Doing so allows the student and evaluator to better focus on the behavior to facilitate a rich discussion in feedback, particularly one that needs further growth or has not been assessed frequently.

None of the comments written on the EPA evaluation will be used in the MSPE letter (formerly Dean's letter). The comments are intended for feedback purposes. If you would like an EPA comment to be included in the MSPE letter, please ask your student to include (copy/paste) the comment in their final Clinical Skills Assessment (CSA) evaluation.

There is no minimal threshold of entrustability (level on the EPA assessment) required for completing this component. Advancement based on entrustability is performed by the Clinical Competency Committee (CCC), which occurs outside the domain of RPAP and MetroPAP.

Required Minimums:

- 96 EPAs total during the program for RPAP and MetroPAP
    - Note that program totals include EPAs from the "bursts".
- **Primary Care Introduction**: 12 EPAs
    - 1 of EPAs #1, #2, #3, #5, #6, #7
- **Primary Care Acting Internship**: 24 EPAs
    - 1 of EPAs #1, #2
- **Pediatrics**: 12 EPAs (this includes EPAs from the burst)
    - 1 of EPAs #1, #2
- **Ob/Gyn**: 12 EPAs (this includes EPAs from the burst)
    - 1 of EPAs #1, #2, #5, #6, #12
- **Psychiatry**: 12 EPAs (this includes EPAs from the burst)
    - 1 of EPAs #1, #2
- **Emergency Medicine**: 12 EPAs
    - 1 of EPAs #1, #2, #8, #11, #12, #13 and 6 of EPA #10
- **Fundamentals of Surgery**: 12 EPAs
    1 of EPAs #1, #2, #5, #6

No EPAs are required for Primary Care Intermediate or Advanced Surgery and Procedures, but students may choose to get EPAs for those clerkships if they would like.

The following minimums must be met for each EPA and can be gained across any specialty:

Entrustable Professional Activity	Total Needed
EPA #1: History and Physical	10
EPA #2: Prioritize Differential	10
EPA #3: Recommend and Interpret	5
EPA #4: Enter and Discuss Orders	5
EPA #5: Provide Documentation	5
EPA #6: Oral Presentation	5
EPA #7: Questions and Evidence	5
EPA #8: Handovers	5
EPA #9: Interprofessional Team	5
EPA #10: Urgent/Emergent	6
EPA#11: Informed Consent	5
EPA#12: Procedures	5
EPA #13: Safety and System Failures	5

Students will be able to review their EPAs to track growth over time. EPA progress will be monitored by an Assessment and Coaching Expert (ACE) as well as a clinical competency committee that will monitor longitudinal progress reaching the entrustment goal on the core EPAs.

Mid-Clerkship Evaluations (Formative Feedback)

Each clerkship must assess and provide formal mid-course/clerkship feedback to every student, early enough to allow sufficient time for remediation. Students are assessed at mid-clerkship with this Clinical Skills Assessment (CSA). The ratings from a mid-clerkship feedback form will not contribute to the student's final clerkship grade. There is a box for MSPE comments on the mid-clerkship CSA.
Meets compliance standards for LCME 9.5 and LCME 9.7.

Prior to the half-way point of the clerkship, students must select a physician, resident or fellow that they will work with closely to complete a mid-clerkship Clinical Skills Assessment (CSA) evaluation. (Note that while a mid-clerkship evaluation can be filled out by a resident or fellow, FINAL evaluations must be completed by an attending physician.)

This mid-clerkship evaluation must be submitted at the mid-way point of the clerkship. Students will schedule a meeting with the evaluator near the middle of the rotation to complete the Mid-Clerkship CSA form. A few days before the meeting, the student will send the preceptor a copy of the CSA form. During the meeting, students will pull up the form on their device for the evaluator to fill out during the meeting.

Students will also bring their Entrustable Professional Activities (EPAs) and Required Clinical Encounters (RCEs) records to the meeting to discuss opportunities for improvement, assess EPAs and ensure they are meeting RCE requirements.

RPAP students will request a mid-clerkship CSA for Essentials of Surgery AND one for Advanced Surgery and Procedures. Please note there will be a total of 6 CSA evaluations for Primary Care (3 mid-clerkship and 3 final).

Mid-Clerkship Ob/Gyn, Pediatrics and Psychiatry:
Students received their mid-clerkship CSA during their 2-week, prerequisite "burst" experience over the summer. If the student is completing all 4 weeks of the clerkship at the RPAP/MetroPAP site, preceptors will fill out a mid-clerkship CSA at the halfway point of the clerkship as outlined above.

Final Evaluations (Summative Feedback)

Prior to the end of the clerkship, students must select an **attending physician** to complete a final clerkship Clinical Skills Assessment (CSA) evaluation. Final evaluations should be submitted when students have substantially completed the clerkship experience, but this may be prior to the final days of the clerkship experience.

Students will schedule a meeting with the evaluator near the end of the clerkship experience to complete the final CSA. A few days before the meeting, the student will send the preceptor a copy of the CSA form. During the meeting, students will pull up the form on their device for the evaluator to fill out during the meeting.

Students will also bring their Entrustable Professional Activities (EPAs) and Required Clinical Encounters (RCEs) records to the meeting to discuss opportunities for improvement, assess EPAs and ensure they are meeting RCE requirements.

The majority or entirety of the final clerkship grade will be the final summative evaluation(s) from the preceptor(s). **Please note that evaluations can only be completed by practicing physicians**. Students may work with residents and other healthcare professionals, but the evaluation must go to the supervising doctor. There will be a total of 6 CSA evaluations for Primary Care (3 mid-clerkship and 3 final).

A passing score on the final CSA is 70% or an average of 3.5 over the 5 questions. Please reach out to the RPAP/MetroPAP team if you have concerns about student performance or plan to submit a non-passing score.

Medical Student Performance Evaluation (MSPE) Comments

MSPE (formerly the Dean's letter) comments are required on both the mid-clerkship and final-clerkship evaluations. Personalized, positive MSPE comments are even more important for residency selection, now that most courses are graded pass/no-pass. Briefly describing a time a student exhibited a key behavior is an effective MSPE comment strategy.

Exams

OB/GYN NBME Shelf Exam
All students are required to achieve a score of 60 or better. Students must achieve this threshold score on two or fewer attempts. Students can schedule this exam at a time that best meets their scheduling needs but the test must be taken by the end of April.

Surgery Objective Structured Assessment of Technical Skills (OSATS)
The Surgery OSATS clinical skills exam is taken remotely in March or April.

Emergency Medicine final exam
The SAEM cognitive exam is based on the SAEM online curriculum. Students must achieve 70% or higher to pass in two attempts or less. The Emergency Medicine exam will be offered remotely. This test must be taken by the end of April.

Clinical Competency Assessment (CCA)
The Clinical Competency Assessment (CCA) exam is NOT an RPAP/MetroPAP-related exam, but it occurs during the RPAP/MetroPAP time. It is administered on the Twin Cities campus in Spring. Students will be contacted by UME to schedule this graduation requirement. RPAP students will be allowed to choose their testing date ahead of other students due to their need to travel.

Final Grades

View the Grading Rubric to see grading details for all clerkships.

The RPAP and MetroPAP Director and core faculty will assess final grades for all clerkships completed during the program, based on evaluations from preceptors at the RPAP/MetroPAP sites, exams, and assignments. Primary Care Advanced is graded Honors/Excellent/Satisfactory/No Pass (H/E/S/N). All other clerkships are graded Pass/No Pass.

Grades for all clerkships will be submitted and reflected in MedIS after the end of the program (usually 4-6 weeks after the program ends). Grades for Primary Care Introduction may be posted earlier, in late spring.

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

Medicare Claims Processing Manual
Chapter 12 - Physicians/Nonphysician Practitioners
100.1.1 - Evaluation and Management (E/M) Services
(Rev.4068, Issued: 05-31-18, Effective: 01-01-18, Implementation: 03-05-18)

E/M Service Documentation Provided By Students
Any contribution and participation of a student to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical

presence of a resident in a service meeting the requirements set forth in this section for teaching physician billing.

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

Services Provided and/or Documented by Medical Students

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

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

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

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

Required Teaching Physician Attestation
When medical students document an E/M service in which they participate, teaching physicians (or residents) do not need to re-document the performance of their own activities, but there must be documentation to establish that the above requirements were met. This documentation can be accomplished with attestations that affirmatively attest to meeting the requirements. Appropriate

attestations for different supervisory scenarios are detailed below. (Note: The attestations reflect minimally acceptable documentation; additional information may be added.)

A. Scenario #1: Medical Student with Teaching Physician

The teaching physician documents the student's physical presence and involvement in the service: "I was present with the medical student who participated in the service and in the documentation of the note. I have verified the history and personally performed the physical exam and medical decision making. I agree with the assessment and plan of care as documented in the note." Signed & Dated: Dr. Teaching Physician

B. Scenario #2: Medical Student with Resident

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

AND

The teaching physician documents the student's involvement in the service by adding a standard teaching physician attestation, such as:
"I saw and evaluated the patient and agreed with the findings and plan of care as documented in the note." Signed & Dated: Dr. Teaching Physician

Medical Student Documentation

- While the final note may be filed in the electronic medical record under the name of the teaching physician, the medical student's original authorship of the note should be indicated in the record by the medical student including their name and status in the content of the note.
- Although not required, the medical student also may include a statement indicating the presence of the teaching physician or resident, such as the following:"I, Jane Doe MS3, saw and examined the patient in the presence of Dr. Teaching Physician/Resident."

Personal Presence Requirement

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

Additional Guidance:

- Standardized attestations are often available as Smartphrases or "macros" in many EMR's.

- See your organization's EMR tip sheets for instructions on inpatient and ambulatory workflows for forwarding and signing student and resident notes and adding teaching attestations.
- Because Advanced Practice Providers (APP's) do not meet the definition of a Teaching Physician, medical student and resident documentation cannot be used to support the billable services of those providers. APP's must independently document their services.

Resources for Preceptors

Interprofessional Continuing Education Opportunities
As a preceptor, you can join the UMN Center for Interprofessional Health in a WILD Series (Workplace Interprofessional Learning & Development) continuing education offering. Participants build interprofessional skills as a preceptor and health professional through 5 actionable weekly emails and a 1-hour group debriefing session. Each weekly email offers an engaging 2-5 minute video, instructions to observe, engage, and model concepts in practice, key reflective prompts, and ways to learn more. The debriefing session is a chance to learn with, from, and about colleagues from a myriad of health professions. You will receive 2 AMA PRA Category 1 Credits for your participation. Learn more and sign up here: https://ipe.umn.edu/engage-us/health-professionals/wild-series.

Consortium of Longitudinal Integrated Clerkships (CLIC): LIC faculty development podcasts.

MN Medical Association: Review the Community Preceptor Toolbox, created in conjunction with the Medical School. https://www.mnmed.org/resources/preceptor-tools

MEdEdPORTAL: This is a website devoted to teaching that is maintained by the American Association of Medical Colleges. MedEd Portal. Available at: https://www.mededportal.org/.

Precepting and Evaluating Medical Students in Your World: This brief PowerPoint presentation, first given at the 2016 STFM conference on medical student education, teaches and reinforces the key aspects of teaching through precepting using the **One Minute Preceptor** model, effective and timely feedback and formal evaluation of students at the end of their rotation. Available at:
http://resourcelibrary.stfm.org/viewdocument/recipe-for-success-precepting-and

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

Medical School News and Events, https://www.med.umn.edu/news-events
Medical School News features stories, events, and people that make up the U of M Medical School.

Faculty Development Learning Modules
https://www.feinberg.northwestern.edu/sites/fame/educator-training/learning-modules.html
Feinberg Academy of Medical Educators: Feinberg School of Medicine: Northwestern University

BRIEF: https://brief.umn.edu/
Weekly internal news digest for all campuses.

Continuum: http://www.continuum.umn.edu/
News and events from University Libraries.

RPAP & MetroPAP Websites: RPAP-https://med.umn.edu/rpap, MetroPAP-https://med.umn.edu/md-students/individualized-pathways/metropolitan-physician-associate-program-metropap
Information on our program and faculty.

RPAP Facebook: www.facebook.com/rpapumn
You might find a picture of yourself and your RPAP student here some day!

CME by the American Academy of Family Physicians

https://www.aafp.org/cme/about/types.html
Can I get CME credit for teaching students?
You may report credit for teaching health professions learners. However, a maximum of 60 AAFP Prescribed credits may be reported during a three-year re-election cycle. Teaching is also considered a live activity.

Can you provide examples of AAFP Prescribed credit?
Instruction of health professions learners in formal individual (e.g., preceptorships) or live educational formats

ABFM Performance Improvement credit

(formerly known as MOC Part IV)

Throughout the year, there may be an opportunity to earn ABFM Performance Improvement credit (formerly known as MOC Part IV). To receive this credit, you must meet 180 student contact hours, complete a brief questionnaire regarding precepting, participate in a simple precepting intervention at your site, review and reflect on the results of the intervention, and complete an attestation – we will do the rest and submit your requirements directly to ABFM for credit. Contact the RPAP/MetroPAP office (rpapumn@umn.edu) for information.

Adjunct Faculty Benefits

The RPAP/MetroPAP programs require **Primary Preceptors** to apply for **adjunct faculty** appointments at the University of Minnesota Medical School in the Department of Family Medicine and Community Health. Our office will help prepare your application and guide you through the straightforward process. Below we list some of the benefits that are available to our adjunct faculty. Our office will be in touch with you if you are the Primary Preceptor and need to apply for an adjunct faculty appointment. *Please note that specialty preceptors or preceptors in primary care that are not a primary preceptor will be appointed as "community instructors".*

BENEFITS
University of Minnesota Medical School
Department of Family Medicine and Community Health
Unsalaried Core, Affiliate and Adjunct Faculty Members

U of M Email / UCard for Access 612-626-9900
A University of Minnesota email account (x500 ID) and U Card can be used to access many university facilities, including the libraries and discounted services, etc.

Bio-Medical Library (612) 626-5653
The resources and services of the Bio-Medical Library, and those of all University Libraries, are available. Faculty may check out books and journals, request reference assistance; obtain librarian-mediated computer searches on health topics; and attend classes on information management and Internet use. Faculty may access the bibliographic and full text databases provided by the libraries from their home or office. Specialized collections of the Bio-Medical Library include the Wangensteen Historical Library of Biology and Medicine, and the Drug Information Service (a substance abuse collection).
https://hsl.lib.umn.edu/biomed

Library Research (612) 624-2558
The Department of Family Medicine and Community Health/Library Services is available for library searches and for obtaining copies of requested materials. Adjunct faculty members will be responsible for paying any costs charged by libraries for searches.

University of Minnesota Libraries
https://www.lib.umn.edu/about/

Medical Educator Development and Scholarship (MEDS): Review the Medical Educator and Scholarship website at
https://hub.med.umn.edu/medical-education/medical-educator-development-and-scholarship-meds to find workshops and on-line resources that may be useful to you in clinical teaching." This is available to primary preceptors only- please be sure to log in with your UMN email address.

Athletic Facilities and Tickets
Adjunct faculty have access to several facilities, including the University of Minnesota Les Bolstad Golf Course, Baseline Tennis Center, and Mariucci Arena. Season tickets for Minnesota Gopher football, hockey, basketball and other sporting events may be purchased at faculty/staff rates when available.
http://www.gophersports.com

Campus Club (612) 625-9696
Membership in the University of Minnesota Campus Club, located in Coffman Memorial Union, is available. Members are responsible for the cost of membership dues, meals, and use of club facilities.
http://www1.umn.edu/cclub

Computers—Hardware & Software at a Discount (612) 626-4276
Purchase discounted computers, software and hardware at the University's online computer store.
http://it.umn.edu/hardware-software-purchasing

Continuing Professional Development (CPD) (612) 626-7600
Most courses offered by the Office of CME include a reduced fee for faculty.
https://med.umn.edu/cpd

Arts and Culture
Frederick R. Weisman Art Museum (612) 625-9494
https://wam.umn.edu/

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

Northrop Memorial Auditorium and University Theatre Arts Ticket Office (612) 624-2345
http://www1.umn.edu/umato/index.html

Recreational Sports (612) 625-6800
A membership in Recreational Sports provides usage access to both Minneapolis and St. Paul facilities, which includes fitness centers, handball/racquetball courts, squash courts, gymnasiums, swimming pools, steam rooms, locker rooms, climbing wall, deli, and numerous lounge spaces. Both facilities also offer a variety of classes and programs for an additional fee.
http://recwell.umn.edu/

Guidance on Constructing Letters of Reference for RPAP/MetroPAP Medical Students Applying to Residencies

Elements of High Quality Narrative Paragraphs

- Include examples of student performance
- Examples should include BOTH strengths and areas for improvement
- Character limits should be considered to have MSPE fit the 7 page guideline

Three Components of High Quality Narrative Evaluation for MSPEs

Comment on performance
- Strengths and weaknesses
- Core aspects of medical student performance

Specificity of comments
- Evidence is good
- Examples are best

Useful to the audience
- Useful to the student
- Useful to the educator or residency program director

Narratives Fulfill Three Goals

Assess performance
- Principle source in assessing clinical competency
- Narrative evaluations perform as well as rating scales in differentiating student performance

Feedback to trainees

- Provide feedback and insight to trainees in strengths and weaknesses
- Trainees prefer narrative comments to numerical scales

UME/GME Handoff

- Well written comments are more informative than numerical scales

Movement Towards Common Language

Utilize standard templates/checklists to help frame the narratives when they are being written

- Knowledge, Skills, and Attributes
- ACGME Competencies

Keep it Concise

- Paragraph needs to be relevant and concise
- Better to include 3-4 strong narrative comments than all 15 comments from a clerkship
- *Eventually there may be a character limit when MSPEs move to an electronic submission format*

How To Handle Incorporating Negative Comments in the Narrative Paragraph

- Include especially if there is a pattern of negative comments
- Can state the positive aspects first (definitely include if there are any listed in evaluations)
- Follow with specific examples outlining the concerns, how the concerns were addressed, and the response of the student
- Often the response of the student is more important than the event

General Examples of Specificity of Narrative Comments

No	**Maybe**	**Yes**
Qualifiers	Evidence	Examples
"Showed improvement."	"Started the rotation where I would expect for level of training, but improved consistently."	"Showed improvement consistently during the rotation and was able to perform complex surgical procedures independently without difficulty."

Examples of Specificity for Positive Narrative Comments

Good	**Better**	**Best**
Qualifiers	Evidence	Examples
"Hard worker"	"Great team member, always helping out with things that needed to be done."	"Student took the time to make a phone call to an outside hospital to obtain much needed records for the team."

Specificity of Competency Based Comments

Good	**Better**	**Best**
Qualifier	Evidence	Example
"competent."	"Did a nice job taking histories and exams were reproducible."	"She demonstrated excellent clinical judgment and quickly recognized a child's worsening respiratory status while taking the history and notified the team immediately."

Content for this handout was adapted from and shared with permission of April Buchanan, MD, Associate Dean for Curriculum at USC School of Medicine Greenville at the 2021 GSA/OSR Virtual Spring Meeting

POLICIES

Included in this manual are the most important and relevant policies for RPAP and MetroPAP students. All medical student policies can be viewed online at:
https://med.umn.edu/md-students/medical-student-policies

Face-to-Face Learning Activities Impacted by COVID-19

THIS POLICY IS SUBJECT TO CHANGE, PLEASE REFER TO THE MEDICAL SCHOOL WEBSITE FOR CURRENT POLICIES.

The policy can be found online here:
https://med.umn.edu/sites/med.umn.edu/files/2023-03/Face-to-Face%20Activities%20Impacted%20by%20COVID-19.pdf

POLICY STATEMENT
University of Minnesota Medical School (UMMS) students must take precautions to protect patients, healthcare providers, faculty, staff, and other learners and to minimize the spread of COVID-19 in the community.
Students must be provided excused absences from face-to-face learning environments, including direct clinical care, if diagnosed with COVID-19. Students who fit this category should seek medical evaluation promptly.
Students may also be granted excused absences from face-to-face learning activities if they are at high risk of complications, have household contacts who are at high risk, or have significant personal concern regarding the general risks of COVID-19.
Every effort will be made to provide accommodations and to minimize the impact of any absence on academic progress and graduation date for students who need to take absences due to COVID-19.
Based on current procedures and restrictions due to COVID-19, students unable to complete required activities may be required to take an Incomplete (I) or withdrawal (W) as determined by the Course Director and may require taking a Leave of Absence (LOA).
Given that the application of this policy may result in the need to share protected health information (PHI), students are directed to work with their academic advisor or Dean of Student Affairs (Twin Cities Campus) or Robin Michaels (Duluth Campus) rather than directly with the course or clerkship directors. The academic advisors will then contact the course managers, clerkship coordinators, and/or course director as needed without revealing PHI whenever possible.

REASON FOR POLICY
Coronavirus (COVID-19) is a highly contagious virus. COVID-19 symptoms can range from mild (or no symptoms) to severe illness.
The UMMS needs to minimize the spread of COVID-19 by UMMS students in the learning environment and to protect students, especially those who are at higher risk of complications from infection, from contracting the illness.
Students still need to successfully complete all requirements within a given course or clerkship and meet all requirements for academic progression and graduation, with or without reasonable accommodations. When a student is unable to meet the goals and objectives due to excused

absences, it will be at the discretion of the Course Director to determine how requirements can be met, either during or after the completion of the course. Extended time after the completion of the course may result in an Incomplete (I). Students may be required to Withdraw (W) from the course in the event the Course Director determines such activities cannot be reasonably completed during or after the

PROCEDURES

I. General activities for all students

It is the professional responsibility for all students to take precautions to protect themselves and the community from COVID-19 by following guidelines of the Campus Public Health Officer of the University of Minnesota, the site of their course, the Centers for Disease Control and Prevention, and the Minnesota Department of Health including practicing social distancing at all time and universal masking if unvaccinated or partially vaccinated, daily self-assessment for symptoms and not coming to work when ill, hand hygiene practices, travel restrictions, and site requirements for personal protective equipment.

Students in face-to-face learning environments, including direct clinical care, should:

Unvaccinated and Partially Vaccinated

- Follow the guidelines from the Minnesota Department of Health (MDH) https://www.health.state.mn.us/diseases/coronavirus/, and the Center for Disease Control https://www.cdc.gov/coronavirus/2019-ncov/index.html
- Must use an acceptable face covering when on University property and in the on campus learning environment. See University Face Covering Protocol
- May not directly treat patients who are known to currently have COVID-19 and/or who are unknown in their COVID-19 status
- Use mass transit with appropriate precautions including wearing a mask and using social distancing (https://mn.gov/covid19/for-minnesotans/stay-safe-mn/stay-safe-mn.jsp)
- Check their temperatures twice daily, before and after participation
- Monitor for symptoms of COVID-19 daily, including fever > 100 F, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell or other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea

Fully Vaccinated

- Follow the guidelines from the Minnesota Department of Health (MDH) https://www.health.state.mn.us/diseases/coronavirus/, and the Center for Disease Control https://www.cdc.gov/coronavirus/2019-ncov/index.html
- Must use an acceptable face covering when on University property and in the on campus learning environment. See University Face Covering Protocol
- May offer direct care and see patients who have COVID-19
    - Students must follow clinical site guidelines if differ
    - Students have the option to opt out of seeing COVID-19 patients. Vaccinated students must let their site know if they choose to opt out.
- Use mass transit with appropriate precautions including wearing a mask and using social distancing (https://mn.gov/covid19/for-minnesotans/stay-safe-mn/stay-safe-mn.jsp)
- Monitor for symptoms of COVID-19 daily, including fever > 100 0 F, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell or other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea

II. Students who test positive for COVID-19

1. Students must follow the guidelines from the Minnesota Department of Health (MDH) at https://www.health.state.mn.us/diseases/coronavirus/sick.html including self-quarantine and seeking appropriate medical care.
2. To begin making modifications and/or course schedule changes students must:

   Duluth Campus

   - In pre-clerkship courses, years 1 and 2, notify the Associate Dean of Student Life and Academic Affairs, Dr. Robin Michaels (rmichael@d.umn.edu)

   Twin Cities Campus

   - For all pre-clerkship and clerkship courses, students will notify their assigned Academic Advisor
3. Duration of isolation and precautions
   a. For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 5 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
      i. A test-based strategy is no longer recommended
      ii. For a limited number of persons with severe illness or those who are severely immunocompromised a prolonged quarantine may be required and testing needed to confirm clearance of the virus. These individuals should have consultation with an infectious diseases expert prior to returning
      iii. Where rules and guidelines established by a clinical site differ from those set by the MDH, students must follow those rules and regulations set by the clinical site
      iv. Students participating in a clinical rotation must check with their supervisor on appropriateness of seeing any individual patient upon return to clinic post COVID
   b. For persons who never develop symptoms, isolation and other precautions can be discontinued 5 days after the date of their first positive result.
   c. For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person

III. Students who develop symptoms of COVID-19

1. Students must promptly remove themselves from the learning environment and consider seeking testing (see below under Forms/Instructions for testing instructions).
2. Students should notify their assigned Academic Advisor (Twin Cities Campus) or Robin Michaels (Duluth Campus) so they may assist in guiding you through policy/procedures.
3. Students may return to the learning environment when
   a. [Symptom Approach] At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), AND, at least 5 days have passed since symptoms first appeared
   OR,
   b. [Testing Approach, if available] Fever has resolved without the use of fever-reducing medications, AND, respiratory symptoms (e.g., cough, shortness of breath) have

improved, AND, at least two nasopharyngeal swab specimens collected ≥24 hours apart have negative results

i. Note: As for individuals with mild symptoms that improve within days, the testing approach does not typically provide significant reduction in quarantine time, the test-based strategy is no longer recommended.

IV. Post vaccine symptoms

Because systemic post-vaccination signs and symptoms might be challenging to distinguish from signs and symptoms of COVID-19 or other infectious diseases, students with postvaccination signs and symptoms should not enter the learning environment. If you are experiencing any symptoms following your second COVID vaccine dose that will prohibit you from participating in your scheduled clinical or course activities, please make sure to follow the Excused Absence Policy and reach out to the appropriate individuals. If you will require any extended time, reach out to your Academic Advisor (TC Campus) or Robin Michaels (DU Campus)

V. Exposure

<u>All students, regardless of vaccination status</u>, must be tested after a higher-risk exposure. Post-exposure testing should occur immediately upon identification of the case (but not earlier than two days after exposure) and at day 5 to 7 after exposure.

Unvaccinated and Partially Vaccinated

Unvaccinated and Partially Vaccinated students with an unprotected exposure or close contacts (see Definitions) to a person who is infected with or suspected to be infected with COVID-19 or has participated in an activity or event that puts them in prolonged unprotected close proximity with many people of unknown COVID-19 status are required to self-quarantine for 14 days from the date of exposure

1. Students must promptly remove themselves from the learning environment or not re-enter.
2. Students should get tested for COVID-19 and self-quarantine (For public health reasons, regardless of results of tests you still must self-quarantine for 14 days)
3. Students must notify their assigned Academic Advisor of any absence
4. Students may return to the clinical or learning environment if they remain symptom free and 14 days have elapsed from the exposure.

Fully Vaccinated students

Fully vaccinated medical students with high-risk exposures who remain asymptomatic do not need to quarantine from the learning environment or the community for the 14 days following their exposure and may enter the learning environment while they await test results. Students are considered fully vaccinated two weeks after their final COVID-19 vaccine dose (two doses in a two-dose series or one dose in a one-dose series).

Exceptions

1. Exposures where MDH has identified that the exposure might be associated with a SARSCoV-2 variant of concern
2. Where rules and guidelines established by a clinical site differ from those set by the MDH, students must follow those rules and regulations set by the clinical site

If signs or symptoms develop at any time in the 14 days following exposure, students should not enter the learning environment, seek testing, isolate at home, and communicate with their Academic Advisor and clinical rotation (if on one).

VI. Returning to Campus (Travel)
All students should practice careful preventive measures during travel

Unvaccinated and Partially Vaccinated students

1. Get tested 1-3 days before your flight/train/bus and get tested 3-5 days after travel AND stay home and self quarantine for 7 days after travel.
    a. Even if you test negative, home quarantine for the full 7 days
2. If you don't get tested, stay home and self quarantine for 10 days after travel.

Fully Vaccinated students

Students who are fully vaccinated (≥2 weeks after the second dose of a two-dose vaccine or ≥2 weeks after a one-dose vaccine) do not need to quarantine from the learning environment or the community following international or domestic travel **but** should be tested for COVID-19 within 3-5 days after returning from travel.

Exceptions

1. Where rules and guidelines established by a clinical site differ from those set by the MDH, students must follow those rules and regulations set by the clinical site

VII. Students who wish to opt-out of the face-to-face learning environment due to a high risk of complications of the COVID-19 infection, have a household member who is at high risk or for personal or other health reasons

1. Students will notify their Academic Advisor (Twin Cities Campus) or Associate Dean of Student Life and Academic Affairs (Duluth Campus) to begin the process of making modifications and/or course schedule changes
2. Students with controlled underlying medical conditions may also be referred to the UMN Disability Resource Center to explore reasonable accommodations

FORMS/INSTRUCTIONS

Student Testing Instructions:

1. Self quarantine
2. Call
    a. Twin Cities: To schedule a COVID test at Boynton, call 612-625-3222, or schedule online using the MyBoynton Patient Portal.
        i. If you have questions about symptoms call the Boynton Nurse Line 612-625-7900 (24/7) for a phone screening.
    b. Duluth, call Health Services at 218-726-8155 prior to arriving at the clinic. For after hours medical care call St. Luke's Hospital at 218-249-4200, Essentia Health at 1-833-494-0836
    c. Outside of Duluth or Twin Cities, call current health insurance provider or local health system

3. Complete testing
4. Continue to self quarantine and do not reenter the learning environment while awaiting results

There are no forms associated with this policy.

APPENDICES

There are no appendices associated with this policy.

FREQUENTLY ASKED QUESTIONS

Specific health system regulations. Each health system has specific approaches to exposures, symptoms, and testing. Please let the Primary Contact of this policy know of any additional requirements above those listed here.

Prometric testing implications. Since Prometric testing sites are following appropriate social distancing regulations, if students are able to drive to and from the site and follow social distancing along the way, taking USMLE Step 1 or Step 2 CK would NOT be considered a high risk activity needing to have quarantine or testing.

Current testing options. Boynton Health Clinic is currently offering any student, classifying them as essential personnel, testing for either exposure or symptoms. Other testing options may be available outside of Boynton. At the time of this writing the turnaround time for results at Boynton is 2 - 3 business days. Times vary widely for other locations.

Lead time before reentering the face-to -face learning environment. It is recommended for those who need to bus or fly from out of state return at least 14 days prior to starting a face-to-face learning environment to allow for proper testing, to complete any compliance requirements, or, if necessary, self-quarantine if COVID positive. The minimum required time would be seven days in order to comply with the post-exposure testing strategy.

Implications for academic progress. The academic advisors are available to discuss the implications of this policy on academic progress, options for seeking modifications, and to provide assistance on any potential schedule changes.

Preclerkship (MS 1 and 2) face-to-face activities. For students requiring limited, less than two weeks, removal from the face-to-face learning environment alternative coursework will be made available by the course directors. Although these alternatives cannot fully substitute for in-person experience it would be expected that the limited occurrence would not significantly alter the course outcomes. For longer or repetitive absences the risk of negative outcomes increases and the academic advisors should be consulted to review options.

Clerkship (MS 3 and 4) face-to-face activities. The academic advisors will facilitate communication with clerkship directors and other appropriate parties to determine the best course of action, including developing an incomplete contract and or course changes.

General Precautions. In general, attempt to follow the safest precautions when possible when coming into contact with other individuals outside of the learning environment. Wear a mask, keep six feet

distance from others, and minimize the time indoors with others (grocery stores, bars, etc.)

Use of N95 masks. Individuals who have close contacts (family, partners, etc.) who are at high risk are encouraged to use N95 masks around these individuals.

ADDITIONAL CONTACTS

- Primary Contact: Assistant Dean for Student Affairs Dr. Michael Kim 612-625-5180 mikekim@umn.edu
- Associate Dean of Student Life and Academic Affairs Dr. Robin Michael 218-726-8872 rmichael@d.umn.edu
- Twin Cities Foundational Curriculum Manager Elle Fasteland efastela@umn.edu

DEFINITIONS

Unprotected (High-Risk) Exposure

Exposure within 6 feet for longer than 15 minutes without appropriate PPE (mask and eye cover) to a patient or co-worker with confirmed COVID-19, close contact to a household member or intimate partner with confirmed or suspected COVID-19, or attending a large gathering, such as a demonstration, vigil, or neighborhood clean-up event in the past 5 days, where all appropriate social distancing and PPE had not been followed.

Close Contact

You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more, provided care at home to someone who is sick with COVID-19, had direct physical contact with the person (hugged or kissed them), shared eating or drinking utensils, they sneezed, coughed, or somehow got respiratory droplets on you.

Unvaccinated

Individuals who fall into ANY of the below categories:

- Have not received any COVID vaccination doses
- Have only received 1 of 2 doses
- Are < 2 weeks following receipt of final vaccine dose

Partially Vaccinated

Individuals who have only received 1 of 2 doses and/or it is < 2 weeks following receipt of final vaccine dose

Vaccinated

Individuals who are two weeks after their final COVID-19 vaccine dose (two doses in a two-dose series or one dose in a one-dose series).

Consent for Sensitive Exams Under Anesthesia

Link:
https://med.umn.edu/sites/med.umn.edu/files/ume.45.v.1_consent_for_sensitive_exam_under_anesthesia.pdf

POLICY STATEMENT

Educational sensitive exams under anesthesia will only be performed when they repeat or are equivalent to an exam that is performed as part of the planned procedure.\

Attending physicians who supervise students in performing educational sensitive exams will obtain consent, in advance, from the patient or their surrogate decision-maker, for any educational exam that will be performed under anesthesia and document this consent in the medical record.

Supervisors will only permit students to perform an educational sensitive exam if consent has been granted and is noted in the medical record. The student will be informed that consent was obtained for the educational sensitive exam before it is performed. If this does not occur prior to initiating the exam, students will confirm that consent was obtained before performing the exam. Students will decline exams that are not consented without risking any negative consequences.

REASON FOR POLICY

The University of Minnesota Medical School commits, in all its work, to Put Patients First . We honor the autonomy and self-determination of our patients. We continually balance patient autonomy with the value of complete and rigorous training for our students, knowing this training will allow them to serve their future patients. Striking this balance can be achieved through a consistent approach for obtaining patient consent for participation in education.

The University of Minnesota Medical School also commits to Empower Students . This policy reduces ambiguity and empowers students to consistently confirm consent. This will reduce moral distress for students by outlining their role on the team as part of routine adherence to an approved procedure designed to protect patients.

The University of Minnesota Medical School also commits to Optimize the Learning Environment . This policy supports student training by demonstrating the importance of patient consent, especially for exams that can be experienced as intrusive, uncomfortable, or have the potential to introduce historical trauma into the medical encounter.

This policy supports the achievement of Graduation Competencies, including nearly every competency in the domain of Professionalism as well as competencies in the domains of Knowledge for Practice, Interpersonal and Communication Skills, and Interprofessional Collaboration (P1-6, KP3, ICS 2&3, IPC1)

PROCEDURES

1. Supervisors overseeing educational sensitive exams under anesthesia will operate within their scope of practice.
2. Educational sensitive exams under anesthesia will be performed while under usual supervision. For a detailed policy governing student supervision, see the "Student Supervision During Clinical Activities" Policy.
3. Students will report an alleged violation of the policy to the policy contact as part of their professional responsibilities.

4. If there is any potential for repercussions to the student, named individuals will be excluded from an assessment role for the student.
5. Any suspected retaliation for a student adhering to this policy will be addressed according to the University of Minnesota's policy on retaliation.

Medical School Duty Hours, Years 3 and 4

Link:
https://med.umn.edu/sites/med.umn.edu/files/2023-05/UME.18.v.1%20Duty%20Hours%20%281%29.pdf

Effective: *May, 2011* **Last Updated:** *July 2022*

Policy Statement
Student duty hours are defined as all clinical and academic activities related to the medical student experience during a rotation. Duty hour standards need to integrate time for students to have a significant clinical experience, to prepare for course assessments, and to obtain sufficient rest to maintain well-being. Ideally, the planning of duty hours should be a collaboration between the student and the supervising faculty and/or resident.

Reason for Policy
The purpose of duty hour limits is to maximize the effectiveness of the learning experience, acknowledge students as integral components of the medical care team, and address issues of fatigue and sleep deprivation that would otherwise adversely impact medical student well-being and patient care. A humane scheduling will allow for time off during normal business hours. Some obligations that are integral to student health and well-being can only be completed during that time.

This policy also ensures the medical school meets LCME Accreditation requirements as follows:

Element 8.8: MONITORING STUDENT TIME. "The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

Procedures
- Call frequency cannot be greater than every fourth night over the period of a rotation (i.e. cannot be on call every second or 3rd night).
- Minimum 10 hours of rest between work periods
- 24 hours consecutive on call time limit
    - No new patients after 24 hours will be assigned
    - Additional 4 hours allowed for patient care responsibilities and educational opportunities (i.e. lecture, skills lab)
- Clerkships will schedule students to have at least two consecutive days off, on average, every other week and at least one day off every seven days. One day is defined as a 24-hour period. Example: A student ends a shift at 5:30 pm and starts their next scheduled shift at 5:30pm the next day, that is 24 hours and a "day off". Official University holidays count as a day off under

this policy. Example: Memorial Day is a University holiday; students may be required to work the other six days in that week. Students, with the consent of the Clerkship Director, can work a University holiday in exchange for another day off during that week.

- Clerkships will schedule at least two half-weekdays of Independent Learning Time (IL T) for every 4 weeks. This time is to be scheduled during regular business hours, M-F and will be scheduled as early as possible to allow for advance planning.
- On some rotations, students may be required to participate in night float schedules in order to maximize exposure to patients and educational opportunities

RPAP/MetroPAP Student Liability Insurance

Link to Certificate of Insurance:
https://drive.google.com/file/d/1gyZzSivKl-zmObgnnhf76Qsc6AM2hnuz/view

Student Exposure to Blood Borne Pathogens and Tuberculosis

Link:
https://med.umn.edu/sites/med.umn.edu/files/osa.0220.019.1_student_exposure_to_blood_borne_pathogens_and_tb.pdf

Date effective: December 1999
Date revised: January 2021

POLICY STATEMENT
The University of Minnesota Medical School (UMMS) is committed to providing a safe and healthful work environment to prevent or minimize student exposure to blood borne pathogens and Tuberculosis, and to offer appropriate initial treatment/follow-up, when or if such exposures occur.

REASON FOR POLICY
The purpose of this policy is to: 1) outline the methods by which the UMMS seeks to prevent/manage blood borne and respiratory infections in its learners; 2) delineate the procedures if exposure to blood borne pathogens should occur to UMMS students engaged in educational activities

This policy also ensures the UMMS meets Liaison Committee on Medical Education (LCME) Accreditation requirements as follows:

Element 12.8: STUDENT EXPOSURE POLICIES/PROCEDURES. "A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following: 1)The education of medical students about methods of prevention; 2) The procedures for care and treatment after exposure, including a definition of financial responsibility; 3) The effects of infectious and environmental disease or disability on medical student learning activities. All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk."

PROCEDURES
Efforts to Manage Risks
OSHA

All medical students are required to complete the Bloodborne Pathogens Annual OSHA (Occupational Safety and Health Administration) requirement. This is a one-time training for incoming UMMS students and must be completed by October 1st of their matriculation year. This online module is required for all medical students.

Students who are not compliant will receive a hold on their academic record preventing future enrollment. Students can review their compliance status via the Compliance Tab in MedIS, the student information system portal.

Training is accessed through the Training Hub. Click on the Course Catalog and register for the following course: Bloodborne Pathogens Annual OSHA Requirement

Mask Fit Test

All students are required to complete a respiratory mask fit test prior to starting clinical experiences. Students are fitted in spring of their first year prior to visiting clinical sites. This five minute pre-scheduled training is required only once.

Clerkship Orientations

Students will receive information regarding appropriate exposure procedures, including mechanisms for preventing exposure, for their specific clinical site during their clerkship orientation. Students should also work with the Site Director and supervisors to ensure appropriate knowledge of facility protocols in the event of exposure.

In addition, upon arrival at a clinical site, UMMS students should be proactive in seeking out information regarding site-specific protocols for managing exposure to blood borne pathogens and be familiar with the protocols for managing education exposure to blood borne pathogens.

Procedures in the Event of Exposure

1. Upon exposure, UMMS students should follow the Bloodborne Pathogens Exposure Procedure as outlined through Boynton Health Services (See “Related Information”) and summarized below
    a. In the case of bloodborne exposure wash the exposed area for 15 minutes with antimicrobial soap. If the Blood Borne Pathogen Exposure (BBPE) is to the eye(s), irrigate the eye(s) with water for 15 minutes.
    b. For all potential exposures notify your preceptor/supervisor immediately. Your preceptor/supervisor is responsible for notifying the appropriate Site Director and/or Clerkship Director and can assist in the identification and cooperation of the source patient. If possible, make note of the following:
        i. the patient's name
        ii. location where the exposure occurred
        iii. date and time of the exposure
        iv. names of witnesses
        v. in the case of a needle stick, the type (hollow bore or solid)
    c. Complete the Boynton Health Incident Report included with the *Bloodborne Pathogens Exposure Procedure*
2. All students must contact the Boynton Health Service (BHS) 24-hour information line immediately by calling (612) 625-7900.

3. The BHS Medical Information Nurse will take the student through a rapid assessment about risk status and direct the student where to seek treatment
    a. Students will be expected to contact BHS immediately because of the need for rapid assessment about prophylactic medications, rapid prescribing of medications, if indicated, and the limited capacity of a student to assess their own injury
    b. With the assistance of the BHS Medical Information Nurse and the student's preceptor or other designated person, the student will attempt to secure pertinent information about the source patient information for discussion during the risk assessment
4. **Costs associated with testing, prophylactic medications, and follow-up treatment will be covered at Boynton Health Services by student fees. Initial costs of on campus (at Boynton) and off-campus testing and treatment should be covered by the student's personal insurance coverage; amounts not covered by personal insurance will be covered by Boynton Health Services as part of student fees each student pays**.
5. Blood-borne pathogen exposure and the possible subsequent treatments are treated as an OSHA incident, requiring documentation in a separate restricted access medical record. Confidentiality is assured.
6. In accordance with the Needlestick Safety Law, the exposed student will receive prevention discussions, counseling, and follow-up on the exposure.

Additional Implications for Exposure to Infectious Diseases
To ensure the health of its students, patients, and the community, the UMMS reserves the right to make decisions that limit or modify the educational activities of a student or group of students in instances where the risks or impact of potential infection are higher than would be expected of a learner in typical clinical environments, including the availability of resources for treating infectious agents. Such limitations could include modifications to the clinical experience, reassignment to low risk patient populations, or the removal of students from educational activities where exposure to an infectious disease is suspected, until a determination of safety can be appropriately assessed.

The UMMS will work with students in these situations to ensure any modified experience meets all learning objectives and that UMMS academic requirements are maintained.

FORMS/INSTRUCTIONS
Boynton Health Blood Borne Pathogens Exposure Procedure:
https://boynton.umn.edu/sites/boynton.umn.edu/files/2022-12/MIN%20BBPE%20forms%20v.12.5.2022.pdf

Needlestick Injury Protocol

Link: https://med.umn.edu/md-students/policies-governance/health-safety/needlestick-injury-protocol

STEPS FOR STUDENTS EXPOSED TO BLOOD BORNE PATHOGENS:

1. Wash the exposed area for 15 minutes with antimicrobial soap. If the Blood Borne Pathogen Exposure (BBPE) is to the eye(s), irrigate eye(s) with water for 15 minutes, preferably at the nearest eye wash station.

2. Notify your preceptor/supervisor immediately. Your preceptor/supervisor is responsible for notifying the appropriate site director/manager and can assist in the identification and cooperation of the source patient.
3. Identify the source patient if possible and complete page 2 of the form found here.
4. Call Boynton Health at 612-625-7900.
    a. During Boynton business hours you will be connected to the Boynton Medical Information Nurse (MIN) who will obtain intake information and will contact the BBPE Case Management Team
    b. When Boynton is closed, an After Hours MIN will obtain intake information and will contact the Boynton BBPE Case Management Team the next business day.
    c. The MIN will ask for the information from page 2 of the form found here and instruct you on the next steps including if and where to seek care within the next two hours
    d. Boynton's BBPE Case Management Team will manage your care and answer any questions about payment of your bills for care outside of Boynton.
5. Notify the contact at your school or college as soon as possible after your immediate health needs are addressed. Office of Student Affairs, Scott Davenport, daven016@umn.edu.

Also see the policy: Educational Exposure to Bloodborne Pathogens and Tuberculosis, Section VII. Protocol for Exposure to Blood Borne Pathogens During Educational Experiences.

Protect yourself from needlestick injuries

- Plan for safe handling and disposal before using needles.
- Dispose of used needles promptly in sharps disposal containers.
- Complete annual blood borne pathogen training.
- Get your hepatitis B vaccines.
- Report all sharps-related injuries to your supervisor to ensure appropriate follow-up.

Reporting Mistreatment and Harassment

Link: https://med.umn.edu/md-students/reporting-mistreatment-harassment

REPORTING MISTREATMENT & HARASSMENT

The University of Minnesota recognizes its obligation to its faculty, staff and the community to maintain the highest ethical standards.

To facilitate this, the University has chosen Ethical Advocate (UReport) to provide you with a way to report activities that may be violations of University policies or other laws, rules and regulations. Reports can be submitted anonymously and are accessible 24 hours, 7 days a week.

REPORTING ALLEGATIONS OF MISCONDUCT

- Any University community member can submit a UReport if they suspect misconduct (students, faculty, staff, University, and non-University)
- You may file an online report or call. If you call, you will get a live person that will ask you the questions. The questions the person will be asking are required from the online reporting system. Calls can also be made 24/7

- Supporting documents can be uploaded or attached to your report
- When reporting, provide all details regarding the alleged violation, including who, what, when, where and why you think the matter occurred so that it can be fully evaluated and addressed as appropriate
- When you submit a report, you will be required to create your own, unique login and password. We encourage you to check back in to the report over the next several weeks as this will be the primary mode of communication with you

MEDICAL STUDENT MISTREATMENT IN THE LEARNING ENVIRONMENT

The University of Minnesota Medical School, Twin-Cities and Duluth campuses, demonstrates its commitment to maintaining an environment of mutual respect between student, teacher, and between peers through:

- Maintaining and disseminating a Medical Student Mistreatment Policy
- Maintaining a Mistreatment and Harassment Oversight Team comprised of key personnel in the medical school on both campuses who can provide support or investigate allegations of mistreatment specific to the medical school
- Offering resources and programs to students, faculty and staff to promote a positive learning environment
- Providing Resources for Counseling, Advice and Informal Resolution

Medical Student Mistreatment Policy:
https://med.umn.edu/sites/med.umn.edu/files/osa.0819.005.1_student_mistreatment.pdf

The Medical Student Mistreatment Policy informs the medical school community about:

- What constitutes medical student mistreatment
- Ways members of the community can identify mistreatment and the options available for the reporting allegations
- The responsibility of the Medical School to prevent retaliation against any persons who submit medical student mistreatment complaints
- The process by which allegations of mistreatment will be investigated in a prompt, thorough and impartial manner

MISTREATMENT AND HARASSMENT OVERSIGHT TEAM

The medical school maintains a Mistreatment and Harassment Oversight Team, consisting of key leaders on both campuses, within Undergraduate Medical Education, Student Affairs, and Minority Affairs and Diversity, who serve as officially designated individuals for handling reports of mistreatment involving medical students. Individuals wishing to report an incident or seeking advice can contact the individuals listed below.

- Mya Wilson, DHA, MPH, MBA, Administrative Director, ODEI
  wils2761@umn.edu
- Michael Kim, MD, Assistant Dean for Student Affairs - Twin Cities
  mikekim@umn.edu | (612) 625-5180

- Robin Michaels, PhD, Associate Dean for Student Life and Academic Affairs - Duluth
  rmichael@d.umn.edu | (218) 726-8872

RESOURCES AND PROGRAMS TO PROMOTE A POSITIVE LEARNING ENVIRONMENT

The medical school offers a variety of workshops to medical students to increase awareness of behaviors associated with mistreatment, and mistreatment policies and procedures. In addition, the medical school and the University offers many online resources for those interested in learning more.

- Guiding Principles to Nurture the H.E.A.L.T.H. of the Medical School Community: https://med.umn.edu/sites/med.umn.edu/files/guiding-principles-to-nurture-health.pdf
- Working Better Together (Tools and Resources): https://wbt.umn.edu/tools.html
- Office for Community Standards - for incidents between students: https://communitystandards.umn.edu/
- Office of Conflict Resolution - OCR provides confidential formal and informal conflict resolution services (ie mediation) to students experiencing employment-related conflicts. Consultations: https://ocr.umn.edu/

RESOURCES FOR INFORMAL REPORTING, COUNSELING, AND ADVICE

Concerns, problems, questions, and complaints may be discussed without fear of retaliation, with anyone in a supervisory position within the Medical School Community including a faculty member, course director, residency program director, division chief, department head, dean or director. The assistance provided may include counseling, coaching or direction to other resources at the Medical School. Students are strongly encouraged to submit formal reports through the UReport system or to a member of the Mistreatment and Harassment Oversight Team. Allegations of sexual, racial, or ethnic discrimination, including harassment, should be reported to the University's Office of Equal Opportunity and Affirmative Action: https://eoaa.umn.edu/.

Policy for Medical Students and Residents with Blood-Borne Diseases

Link: https://med.umn.edu/md-students/policies-governance/health-safety/students-blood-borne-diseases

University of Minnesota Medical School Competencies Required for Graduation

Link: https://med.umn.edu/md-students/academics/competencies-required-graduation
The RPAP and MetroPAP curricula allow for completion of a number of these clinical competencies.

Compact for Teaching and Learning

Link: https://med.umn.edu/md-students/policies-governance/professionalism/compact-teaching-learning

All policies regarding student conduct can be found at this link: https://med.umn.edu/md-students/policies-governance/professionalism/procedure-reporting-ethics-violations

Student Supervision During Clinical Activities Policy

Link:

https://med.umn.edu/sites/med.umn.edu/files/2023-04/UME.20.v.1%20Student%20Supervision_2023.pdf

Separation of Academic Roles in Providing Healthcare

Link: https://med.umn.edu/sites/med.umn.edu/files/the_separation_of_academic_roles_in_providing_healthcare.pdf

Medical Students with Disabilities

Link: https://med.umn.edu/sites/med.umn.edu/files/2023-06/UME.02.v.1%20Students%20with%20Disabilities.pdf

Vaccination and Immunization Requirement for Learners in the Health Sciences

Link: https://drive.google.com/file/d/1uPfn_sEXTy0NH68GEOaYB_mqMN5aSPwj/view

University of Minnesota Board of Regents Policy:

Sexual Harassment, Sexual Assault, Stalking and Relationship Violence

Link: https://policy.umn.edu/hr/sexharassassault