



# Preceptor Manual

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*Year 3 & 4 Clinical Clerkships*

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# Introduction

## How to Become a Preceptor

Burrell College of Osteopathic Medicine (BCOM) is continuously expanding our pool of clinical preceptors. Once a potential preceptor has contacted BCOM, the credentialing process will begin. This process includes gathering the candidate Curriculum Vitae, Malpractice Insurance and Preceptor application. After the preceptor candidate has submitted all required documentation, the information is reviewed by appropriate department Chair, in order to determine if the applicant qualifies as a preceptor and assigns appropriate faculty rank. Appointed preceptors will then receive a formal letter and certificate from the Chair of particular discipline, welcoming them to BCOM and stating their academic title.

It is BCOM's responsibility to provide the educational support and development that is essential for successful delivery of a quality curriculum. BCOM preceptors will have access to resources to assist them in their clinical teaching position.

Thank you for considering an appointment to our faculty. We appreciate your willingness to provide our students with high-quality clinical experiences.

If you would like more information about becoming a preceptor, please contact:

**Burrell College of Osteopathic Medicine**  
**3<sup>rd</sup> & 4<sup>th</sup> Year Coordinator**  
**3501 Arrowhead Drive**  
**Las Cruces, NM 88001**  
**P (575) 674-2336**  
**F (575) 674-2351**  
[Preceptor@bcomnm.org](mailto:Preceptor@bcomnm.org)  
[bcomnm.org](http://bcomnm.org)

## Preceptor Appointment Process

### Preceptor Definition

#### Clinical Teaching Faculty (Preceptor)

Clinical Teaching Faculty (Preceptor) are fully qualified and credentialed professionals who are contracted by BCOM to provide clinical instruction and supervision to BCOM medical students within an affiliated hospital or medical facility during the 3<sup>rd</sup> and 4<sup>th</sup> year clerkships. Reappointments will be evaluated at least every 4 years or as the college deems necessary. Clerkship Preceptors, appointed as Clinical Teaching Faculty, do not receive appointments as Adjunct Faculty.

### Appointment Process

1. Review of application by office of Clinical Education/Credentialing:
  - a. Review application and make sure all disclaimer questions are answered
  - b. Make sure Malpractice Insurance is not expired
  - c. Verify state license online
  - d. Ensure Curriculum Vitae is submitted
2. Department Chair to review and recommend
3. Assistant Dean of Clinical Education to recommend and determine initial ranking. Recommendation of appointments are:
  - Clinical Instructor
  - Clinical Assistant Professor
  - Clinical Associate Professor
  - Clinical Professor
4. Dean will approve
5. Approved appointment will be valid for four years
6. License and Malpractice Insurance will be updated as needed
7. Re-appointment will occur every four years

Burrell College of Osteopathic Medicine (BCOM) is continuously expanding our pool of clinical preceptors. Preceptor applications are available online, by email or a hard copy may be provided. This appointment process includes gathering the candidates Curriculum Vitae, Malpractice Insurance and Preceptor application. After the preceptor candidate has submitted all required documentation, the information is reviewed by appropriate department Chair in order to determine if the applicant qualifies and is assigned appropriate faculty rank.

Preceptor will notify Burrell College of Osteopathic Medicine credentialing department of any changes to license or employment status.

## Resources for Preceptors

- a. BCOM Library resources and services
- b. BCOM monthly newsletter
- c. CME verified for documented preceptor activity
- d. Access to clinical education management software
- e. Faculty Development

## Preceptor Responsibilities

1. Obtain an appointment at BCOM
2. Work with BCOM staff to arrange specific times/blocks
3. Follow the syllabus of the specialty, which pertains to them
4. Provide an evaluation of the student at the end of each rotation
5. Maintain license and malpractice insurance updated as needed

## Criteria for Initial Determination of Rank

Faculty appointments are classified into ranks and groups by title. The standard academic ranks are Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor.

No right of Tenure accrues to any person holding a clinical faculty position regardless of title, rank, or cumulative length of service. The duties of and terms and conditions for clinical faculty shall be articulated in each letter of appointment.

Refer back to clinical faculty definition in the Faculty Handbook.

### A. Description of Standard Academic Ranks

The basic qualifications and standards established to identify the degree and types of achievement expected in each rank vary, the general descriptions are as follows:

**Clinical Instructor:** At the Burrell College of Osteopathic Medicine, a Clinical Instructor is a resident in a residency program generally with M.D., DO. or Certified from License Independent Professionals (LIPS) such as NP, PA, and Midwives.

**Clinical Assistant Professor:** At the Burrell College of Osteopathic Medicine generally, an assistant professor has been awarded Clinical Instructor and has five years or less experience after residency. Generally with M.D. or DO degree.

**Clinical Associate Professor:** At the Burrell College of Osteopathic Medicine generally, an associate professor meets the requirements for appointment as clinical assistant professor, and has greater than five years, less than ten years after residency. Generally with M.D. or DO degree.

**Clinical Professor:** At the Burrell College of Osteopathic Medicine generally, a professor meets the requirements for appointment as an associate professor, and, in addition, has a distinguished record of accomplishment that leads to an international or, as appropriate, national reputation in his or her field. This individual has greater than 10 years with evidence of scholarships.\* generally with M.D. or DO degree.

\*Scholarship definition: Should have a grant publication, peer reviews, be on a national committee, or presented at state, regional or national level.

## Promotion & Re-appointment

1. Promotion Process
  - Preceptor must submit a most updated Curriculum Vitae and scholarship documentation in order for promotion ranking to be reviewed by Assistant Dean of Clinical Education.
  - Written notification of promotion will be given to the faculty member and Regional Assistant Dean.
2. Appeals process of promotion decision
  - Depending on the outcome of the notification, a written appeal of the promotion decision can be initiated.
  - The appeal will be provided to Senior Associate Dean of Clinical Affairs and Department Chair for review.
  - The findings and recommendations of the Senior Associate of Clinical Affairs and Department Chair will be provided to Dean. Notification from Dean will go to Preceptor, Regional Assistant Dean and Assistant Dean of Clinical Education.

## Evaluations from Students

The preceptor, clinical site, and hub will be evaluated by student. This evaluation will be reviewed by Regional Assistant Dean and the Assistant Dean of Clinical Education. The items that will be evaluated from the preceptor are in New Innovations Student Evaluation of preceptor.

## Conditions of Preceptor Appointment

The Department Chair and Assistant Dean of Clinical Education will review the evaluations from each rotation. Preceptor appointments are contingent on meeting application requirements.

## Clerkships

### Orientation

#### Preparation and Orientation<sup>1</sup>

So, a good first day might begin with a quick introduction to the office or the service if you are a hospital based physician. It is important for the student to feel welcome and preparing your office staff or the nurses, PA's and ward clerks on the hospital service about your presence and expectations for being there. Discuss the expectations for the rotation with the student and ask the student for their expectations as well. Go over the evaluation process and how the clinic or ward service functions, all the things that will help orient the student and allow them to visualize working there. Talk about the Electronic Medical Record if one exists and the limitations for student use. Once the student begins to function and interact with patients, the preceptor will have a chance to observe performance and behaviors and have opportunities to discuss assigned patients. There will also be a middle where it will be important for the preceptor to give the student a formative evaluation on how they are doing, and there will be a more summative evaluation at the end of the rotation that also includes an opportunity for the preceptor to describe their observations and opinions. The orientation is a good time to talk about patient expectations, boundaries, and dress code, parking, hours of operation, meals, lodging arrangement and interactions with ancillary staff.

#### Orientation Guidelines for Hospital Experience

All BCOM students will be informed if the following resources are available to them at your facility during their clerkships:

- Available Housing
- Call/Sleep Rooms if needed
- Meals provided by facility
- Library Access
- Internet Access
- Study Space
- Osteopathic Manipulative Medicine (OMM) Tables

When the student comes to your site he/she will be introduced to the clinical service as well as the physical location/campus by the Coordinator of the Regional Assistant Dean's Office.

This introduction should include information pertaining to:

- Patient Rooms
- Nurses Stations
- Emergency Department
- Ancillary Services (Radiology, Laboratories, etc.)
- Lounges, cafeterias, and call rooms
- Parking and required security information
- Library and study rooms

A preceptor's introduction should include:

- Whom the student directly reports to and how they can be reached if needed
- What criteria per the BCOM syllabus will be used to evaluate their performance
- Detailed expectations of the student per the preceptor e.g., time commitment and service duties; and
- It should be clearly stated to the student if and what they are permitted to record on patient charts.

## **Immunizations and Certifications**

Prior to beginning clerkship rotations, all BCOM students will have completed and submitted documentation to the site consisting of the following to all clerkship sites:

- Immunization records including: Annual PPD and flu vaccination
- HIPAA training
- Blood borne Pathogen Training
- ACLS/BLS certification
- Drug test
- Criminal Background Check

All documentation will be maintained and kept at BCOM through the Office of Student Affairs.

## **Educational Responsibilities**

### **BCOM Responsibility:**

- Arrange the clinical clerkship education student schedule in cooperation with the Regional Assistant Dean and clerkship clinical practice site.
- Provide clerkship clinical site with an initial packet that includes student information, syllabi for clerkship clinical site courses.
- Provide academic preparation of the students in didactic knowledge, basic clinical skills, and professionalism prior to beginning clinical clerkships.
- Provide evaluation tools and guidelines for adequate evaluation of student clinical experiences and performance.
- Assist all preceptors in completing the BCOM Appointment process.

### **Clerkship Site Responsibility**

- Provide clinical clerkship student access to its clinical facilities.
- Provide sufficient space for student(s) to partake in self-study and learning.
- Provide each student with a clinical preceptor to whom the student reports to on a regular basis.
- Allow accrediting bodies' permission, within a reasonable time request, access to inspect clinical practice site for site visits pertaining to BCOM accreditation.
- Provide an orientation to the student with information concerning its rules, policies, regulations, standards and practices relevant to the clinical practice site.
- Participate in periodic meetings that will be held to review and evaluate the clinical education program, and to attempt to resolve specific problems that may interfere with the achievement of the objectives of the program.
- Maintain the confidentiality of student records, including evaluations and disciplinary items.
- Provide the student with expectations at the beginning and throughout the clinical clerkship rotation to assist in the successful completion of the rotation.
- Provide BCOM with a completed evaluation within time frame requested by clerkship coordinator.

## BCOM Student Responsibility

- Students are to actively participate in their learning by being proactive, engaged, asking questions and participating in daily clinical duties.
- Complete required assignments, all learning objectives, participate in monthly Osteopathic Manipulative Medicine (OMM) course and completion of examination at end of rotation.
- Maintain professionalism with approved conduct and appropriate dress code at all times.
- Communicate with clinical adjunct/mentor about personal performance and expectations on a regular basis.
- Provide appropriate feedback on evaluation for clinical practice site to help continuously improve learning experience at site.

## Faculty Development

Faculty development is the process where academic professionals engage in quality self-improvement and improving academic quality. Physicians are increasingly held to newer educational standards including assessment of professionalism, communication, teamwork, emotional and social functioning, ethical behavior and reasoning, and self-management skills that are part of the overt curriculum and evaluation process of trainees. The Faculty Development program at BCOM was designed by the Office of Clinical Affairs to be supportive of both the novice teacher as well as the seasoned professional.

### Faculty Development Resources & Partners

#### National Association Resources

The Program Director's workshop of the American College of Osteopathic Family Physicians (ACOFP) offers a wide variety of faculty development concepts to program directors. The Office of Medical Education and American Association of Colleges of Osteopathic Medicine (AACOM) offer faculty development programs, seminars and conventions where these ideas and methods are presented. "DO CMEOnline" also has faculty development programs online. <https://www.docmeonline.com/>

#### STFM

BCOM will provide the online resource, Teaching Physician, created by the Society of Teachers in Family Medicine (STFM) to all preceptors. The Family Medicine Digital Resource Library (FMDRL) is also available through the STFM and has a rich catalogue of faculty development models that have been used in other programs. There is also an online program called STFM on the Road which contains faculty development programs that individuals can use at their leisure.

#### BCOM Statewide Campus System

BCOM is also an academic member of the Osteopathic Postdoctoral Training Institution (OPTI) has a rich tradition of faculty development programs from the list and gain access to one of the programs online; provide feedback about topics they would like to have in a seminar.

### Needs Assessment:

BCOM will periodically conduct a faculty needs assessment in order to target the needs of various groups more specifically. Electronic survey forms will be used to collect this data from faculty.

### Library & Electronic Resources

All Burrell College of Osteopathic Medicine preceptors will have access to a selection of online medical library resources. With resources will be accessible with an Electronic Library Resources username and password.

For questions, concerns, or issues please contact our Library Director:

Library Director  
3501 Arrowhead Drive  
Las Cruces, NM 88001  
P (575) 674-2330

## General Clinical Teaching Tips

Students are ultimately responsible for directing and leading their own learning, but preceptors are the key to their clinical education success. Preceptors can encourage enthusiasm and continuous learning, by providing an effective and creative learning environment. As a preceptor you should work to share your past experiences and clinical knowledge. Below are some tips and suggestions from other preceptors to assist you in the process of becoming a successful preceptor.

### Clinical Teaching<sup>2</sup>

Goals for clinical teaching should be to:

1. Create a challenging but supportive learning environment
2. Promote active learning by students; such as charting and direct patient interaction
3. Capitalize on preceptor role modeling
4. Set reasonable teaching goals
5. Use One-minute Preceptor teaching skills

### Preceptor Competencies:

1. Create a learning environment in their practice that challenges students but also provides the Psychological support necessary for making decisions, taking risks, and learning.
2. Assign students a well-defined role that involves early patient contact and increasing levels of responsibility, engaging them actively in the work of the practice.
3. Help students perceive the multiple elements of complex tasks so they can understand and perform them.
4. Prescribe daily reasonable goals and activities that will help the student realize the overall goals of the clerkship.
5. Use the One-minute Preceptor teaching skills:
  - a. Get a commitment
  - b. Probe for supporting evidence
  - c. Teach general rules
  - d. Provide positive feedback
  - e. Correct mistakes

### Capitalize on Preceptor Role Modeling<sup>3</sup>

Students:

1. Are extremely bright
2. Learn by picking up subtle cues from teachers
3. Emulate their teachers' knowledge, attitudes, and skills
4. Will probably see their preceptor's behavior as normative
5. Learn by participating in a peer network

Inference 1: You can't, not teach.

Inference 2: A lot of what you teach is communicated through modeling

Depending on what you model, students may learn either:

1. The formal medical curriculum
  - a. Up-to-date intellectual and
  - b. Technical skills
  - c. Concern for patients
  - d. Excellent communication skills
  - e. Enthusiasm about practicing medicine

*Or:*

2. The hidden curriculum
  - a. Negative attitudes toward patients
  - b. Shortcuts and survival strategies
  - c. Cynicism

The preceptor's teaching task, then, is to insure that what the student learns will contribute to the student's personal and professional growth, rather than consisting of the hidden curriculum or of unintended and accidental learning.

### **Set Daily Teaching Goals<sup>3</sup>**

1. Overall learning goals for the clerkship should be established during the initial orientation discussion.
2. Touch base briefly with the student at the start of each day (or at the end of the previous day) to define teaching goals.
3. You might say something like the following to a third-year student:

"Jane I know we decided that this month you'll work on picking up signs and symptoms of depression in patients."

"Please interview several patients with this in mind today, and report to me on what you've found."

"After you've seen some patients, I'll come into the exam room and you can watch how I talk to the patients about the problem."

### **Take-Home Points<sup>3</sup>**

As you work with students, try to:

1. Create a learning environment in your practice that challenges students but also provides the support necessary for making decisions, taking risks, and learning.
2. Assign students a well-defined role that involves early patient contact and increasing levels of responsibility, thus engaging them actively in the work of the practice.
3. Articulate and / or demonstrate the multiple elements of complex tasks, so students can discriminate the many steps involved in-for example-examining a patient's knee or eliciting signs of depression.
4. Prescribe daily learning goals and activities that will help the student realize the overall goals of the clerkship.
5. Use the One-minute Preceptor teaching skills:

### **One-minute Preceptor Teaching Skills<sup>4</sup>**

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

A recent study found that this sequence of questioning and instruction was highly efficient and saved preceptors' time<sup>5</sup>

## Create a Challenging but Supportive Learning Environment<sup>7</sup>

Make it clear to your students that:

- You expect them to fulfill assigned responsibilities.
- You have high standards for their work, and that:
- You expect them to be learners-they will often feel uncertain and make mistakes.
- Learning involves taking risks.
- They will have your support as they learn.
- They can feel safe to share issues of personal and professional development.

## Tips for Creating a Supportive Learning Environment<sup>8</sup>

1. Learn your students' names and use them frequently.
2. Ask your students what they think, rather than always sharing your impressions first.
3. Spend informal / casual time with your students. Ask about their interests outside of medicine.
4. To whatever extent you feel is appropriate, share personal information about yourself with your learners. This information can include career experiences, hobbies, family, or values.
5. Make eye contact and use an open posture whenever students come to you with a question or concern.
6. If you can't address your students' questions when they are presented, make a verbal appointment and discuss them later with the students.
7. Recognize that trust and mutual respect build over time. Most learners have had painful experiences with teachers and may find it difficult to admit they don't know something. For most learners in medicine, hiding deficiencies has become a key to survival.

## Active Learning

*It's Time to Put Medical Students Back to Work<sup>9-10</sup>*

"Active learning has the student spending more time seeking information, while passive learning requires more time of the preceptor."

"Medical students enjoy helping out and giving real patient care service. The preceptor should expect the student to read independently about patients seen and not have to give the student all the education around each encounter."

"... the put-you-to-work approach has been well accepted by medical students; they like being useful as long as they are not overloaded with patient responsibilities."

## Suggestions for Making Learning Active<sup>11</sup>

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

## Student Competencies and Procedures

In order for BCOM to graduate competent osteopathic physicians, it is necessary for them to demonstrate knowledge in the six National Board of Osteopathic Medical Examiners (NBOME) Medical Competency Domains, including Competency Domain 2: Osteopathic Patient Care. After completing their clerkships, students will be expected to be able to perform the basic clinical procedures listed in this domain. The ability of students to interact with patients and complete the below procedures under supervision is at the discretion of the preceptor. If the student does not have the opportunity to complete these procedures in the clinical setting, alternative education arrangements will be made through BCOM.

1. Perform a clinically appropriate standard physical examination including evaluation of each of the body areas (head, neck, chest, abdomen, genitalia/groin/buttocks, back/spine, upper and lower extremities) and organ systems (constitutional; cardiovascular; ears, nose, mouth and throat; eyes; genitourinary – female and male; hematologic/lymphatic/immunologic; musculoskeletal; neurological; psychiatric; respiratory; skin).
2. Perform an osteopathic structural examination and OMT.
3. Perform a phlebotomy and administer intradermal, subcutaneous, and intramuscular injections.
4. Obtain peripheral intravenous access.
5. Perform endotracheal intubation.
6. Perform an abdominal thrust (Heimlich maneuver).
7. Insert a nasogastric tube.
8. Administer basic cardiac life support (BCLS) and advanced cardiac life support (ACLS).
9. Control external blood loss by application of pressure and/or the appropriate use of a tourniquet.
10. Perform a simple closed-needle thoracotomy in a life-saving setting.
11. Apply simple wound dressings and splints.
12. Perform suturing for closure of an uncomplicated laceration.
13. Perform an incision and drainage of a simple abscess and collect fluid from an abscess.
14. Obtain appropriate specimens for common laboratory tests.
15. Perform a lumbar puncture.
16. Perform basic needle aspiration of a hip, knee, shoulder, and elbow joint.
17. Insert a Foley catheter in both male and female patients.
18. Perform an uncomplicated, spontaneous vaginal delivery.

### **Training Students in a Busy Practice - A Note to Preceptors**

Preceptors are by definition those of us in clinical practices who have agreed to teach students. For many of us this is an exciting opportunity to give back to our profession and enjoy the interactions we have with learners. For others it can be a little worrisome trying to think of training a learner while being in a busy practice. The answer to how to teach students without having it impede your clinic efficiency is probably different for each practitioner and clinical setting, but it seems to be a recurring concern among most potential preceptors. For Example:

1. Find one or two patients per half day that are well known to you and have the student spend time with them. Have them populate the chief complaint, history and review of systems in the EMR, plus a review of the problem and meds list. The students can then spend a few minutes presenting the patient to you and then together you can see the patient. This will allow you to spend less time charting except for making minor adjustments for diagnosis and billing. In this way the student functions similar to a scribe and performs a time saving function and receives the educational value.
2. There may be times when you don't want to get out of your patient care rhythm but want the student to learn from the cases. It is also OK to use some other time such as after the half day of clinic is over to discuss patients the student saw, whether they wrote in the chart or not. If not, then ask them to make their own notes separately so you can go over their thought process.
3. Help him or her understand the thought process that goes into each patient encounter and decision you make. How do you weigh all the information you have in order to make a diagnosis or a treatment plan or to know who is really sick and who is not? How do you define your relationship with your patients? Students will learn about patient boundaries, professionalism, empathy, and listening by observing your behavior with the patients, so it could be a good idea to discuss some of these issues openly.

## Preceptor Quick Guide for Success

### Clerkship Facility

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

### Clerkship Preceptor

- Be available to the student
- Set a regular meeting time for clinical discussions with the student
- Goals with the student to achieve learning objectives
- Plan learning experiences for the student
- Provide regular feedback throughout rotation
- Consult with BCOM faculty whenever necessary

### Educational Phase

The implementation of an educational plan includes; reviewing the student's experience, discussing patients, exploring feeling regarding the experience and identifying the meeting of learning objectives are all appropriate areas that can be discussed. Feedback from the preceptor on a regular basis assists the student in maximizing his/her strengths and systematically addressing issues that may interfere with achievement. By demonstrating his/her own skills as an expert clinician, the clinical preceptor assists the student in role development, application of theory and science, problem solving and decision making. An effective strategy is to encourage the student to observe and analyze the clinician's role with patients. Evaluation is an ongoing process to assess how the learner is achieving his/her goals; at daily verbal feedback is helpful. If you are in the hospital the student should be charting every day and signing the note with his/her name followed by MSIII.

## Clerkship Rotations

### 3<sup>rd</sup> Year CORE & Elective Rotations

The majority of CORE rotations for clinical clerkships at BCOM will be completed in the 3<sup>rd</sup> year for 4 weeks each.

- Family Medicine I
- Family Medicine II
- General Surgery I
- General Surgery II
- Internal Medicine I
- Internal Medicine II
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Elective Rotation I
- Osteopathic Manipulative Med. V

Family Medicine, General Surgery, Internal Medicine rotations will be split into two 4-week rotations.

#### Rotation Descriptions:

**General Surgery I & II:** to learn the process of care for surgical patients to include assessment for surgical illnesses, pre-operative and post-operative management, wound care, principles of fluid management and resuscitation, operating room protocols, assessment and management of trauma, and diagnosis and treatment of common surgical conditions. Students will also learn principles for dealing with ethical issues and end of life care. Skills will include but not be limited to: (a) suturing of lacerations and operative wounds; (b) obtaining IV access through peripheral or central means; (c) assisting in operative procedures; (d) interpreting laboratory, testing, and imaging results; and (e) understanding surgical procedures for common conditions.

**Family Medicine I & II:** to understand the discipline of family medicine in its breadth, and to be exposed to the variety of clinical areas, and scope of practice that makes up the specialty of family medicine. Family medicine is predominantly clinic based, but there will be hospital patients as well the potential for obstetrics and clinic procedures. Competencies will include but not be limited to: (a) using active listening communications in obtaining patient history related to chief complaint; (b) presenting to the preceptor a focused patient history with corroborating physical evidence as well as a differential diagnosis and proposed treatment plan; (c) interpreting results of office labs, e.g. EKG,

X-ray, Spirometry, wet mounts, Hgb A1C, pap smears, coloscopies, and biopsies; and (d) developing management plans to guide osteopathic patient care in sickness and health.

**Internal Medicine I & II:** to obtain a sense of the full scope of adult medicine with broad based specialty exposure, both out-patient and inpatient. Students will learn the systems-based internal medicine content and medical knowledge of patient care, as well as the system of hospital care of the sick patient. History and physical findings on sick adults will be of major emphasis. Competencies will include but not be limited to: (a) intravenous and central line placement; (b) blood gas acquisition (arterial stick) and interpretation; (c) suturing and minor surgical procedures; (d) interpretation of lab values; and (e) basic life support and advanced cardiac life support.

**Pediatrics:** to gain understanding of pediatric practice in both out-patient and inpatient environments. Students will learn the diagnosis, treatment and management of common childhood conditions for neonates, infants, young children and adolescents. This will include emphasis on evaluation of the child, the family and social environment, and maintaining wellness. Competencies will include but not be limited to: (a) performing the neonatal exam; (b) assessing the milestones of normal growth and development; (c) managing acute and chronically seen common illnesses in children; (d) understanding nutritional needs; and (e) prescribing immunizations appropriate for age.

**Psychiatry:** to perform a psychiatric assessment and mental status exam, to diagnose and treat common mental health disorders, and to understand the basic principles of prescribing psychiatric medications. Management principles will include treatment in both inpatient and outpatient environments, in individual and group therapy settings. An emphasis will be on common conditions and their effects on overall health, such as anxiety, depression, bipolar disorder, schizophrenia, somatization, eating disorders, and personality disorders. Learning the principles of psychopharmacology will be an important competency. In addition, students will gain an appreciation of the influence of mental illness in families, schools, and communities.

**Obstetrics/Gynecology:** to learn the diagnosis and management of pregnancy, to include prenatal care, labor, delivery, post-partum care, and aspects of female health and wellness. Skills will include but not be limited to: (a) interpretation of prenatal risks and management; (b) diagnosis of labor; (c) fetal and maternal monitoring; (d) spontaneous vaginal delivery; (e) assisting in operative delivery; (f) principles of management of newborns; and (g) post-partum management of common abnormalities. Students will also learn to diagnosis and manage common reproductive challenges such as infertility, spontaneous abortion, ectopic pregnancy, contraception and family planning, and their effects on the family. Students will learn the diagnosis and management of common gynecological conditions to include abnormal vaginal bleeding, abnormal Pap smears, menopause, sexually transmitted illnesses, sexual dysfunction, osteoporosis, and chronic pelvic pain. Skills will include: (a) performing a pelvic exam and Pap smear; (b) observing colposcopy and cervical biopsy; (c) assisting in operative GYN procedures such as hysterectomy; and (d) understanding principles of pre- and post-operative management of the GYN patient.

**In addition to the CORE rotations, 3rd year students will also be required to complete rotations/training sessions in the following:**

- Osteopathic manipulative medicine/neuromusculoskeletal medicine once a month during each CORE rotation. Students will return to BCOM for this monthly training.
- One elective rotation done in the hospital with all other CORE rotations
- Introduction to Clinical Experiences
- Mandatory Vacation
- Mandatory Study Time

**Osteopathic Manipulative Medicine:** See OMM Syllabi for 3<sup>rd</sup> year.

**Electives:** are 4 week experiences that BCOM students select from over thirty different specialties selected by BCOM clinical faculty. These experiences are designed to build/reinforce clinical skills, problem solving and decision-making skills that stem from previously acquired didactic information.

## 4<sup>th</sup> Year Required & Elective Rotations

The rotations for the 4<sup>th</sup> year clinical clerkship include the following with 4 weeks per rotation:

- Primary Care
- Emergency Medicine
- Surgery Elective
- Elective Rotation II
- Elective Rotation III
- Elective Rotation IV
- Elective Rotation V
- Osteopathic Manipulative Med. VI

In addition to required rotations 4<sup>th</sup> year students will also be required to complete a minimum of 4 elective rotations (may complete up to 7 rotations) and Osteopathic Manipulative Med. VI.

### Rotation Descriptions:

**Emergency Medicine:** to see patients under the supervision of an ER attending or house officer. The student on the ER rotation will have direct contact with patients and develop an understanding of the emergency and disaster response system (EMS). There will be Emergency Medicine lectures and cases (podcasts, and Medscape topics) available to the students accessed through the student's iPad. Students are also required to attend any Emergency Medicine conferences or grand rounds scheduled by the emergency department where they are clerking.

**Primary Care:** to understand the discipline of family medicine in its breadth, and to be exposed to the variety of clinical areas, and scope of practice that makes up the specialty of family medicine. Family medicine is predominantly clinic based, but there will be hospital patients as well the potential for obstetrics and clinic procedures. Competencies will include but not be limited to: (a) using active listening communications in obtaining patient history related to chief complaint; (b) presenting to the preceptor a focused patient history with corroborating physical evidence as well as a differential diagnosis and proposed treatment plan; (c) interpreting results of office labs, e.g. EKG, X-ray, Spirometry, wet mounts, Hgb A1C, pap smears, colposcopies, and biopsies; and (d) developing management plans to guide osteopathic patient care in sickness and health.

**Surgery Elective:** In these rotations, medical students participate in daily teaching rounds and attend all teaching lectures and conferences. The medical students also conduct in-depth studies on assigned cases. The medical students are evaluated, in part, on their ability to collect and analyze data and solve problems. On-line teaching material is offered such as clinical cases, instructional physical examination videos as well as lectures from the Surgery course.

**Electives:** The majority of elective rotations will be completed during the 4<sup>th</sup> year clerkships. The rotations may be selected from over thirty different specialties selected by BCOM clinical faculty. These experiences are designed to build/reinforce clinical skills, problem solving and decision-making skills that stem from previously acquired didactic information.

***\*All CORE Rotation, Osteopathic Manipulative Medicine, and Elective Course Syllabi will be available via New Innovations document depository***

## Clerkship Rotation Grids

Year 3

ICE Intro to Clinical Experience (OM7102, 2.0 cr hr)	Family Medicine I Core Clerkship (OM7114, 4.0 cr hr)	Family Medicine II Core Clerkship (OM7124, 4.0 cr hr)	Internal Medicine I Core Clerkship (OM7154, 4.0 cr hr)	Internal Medicine II Core Clerkship (OM7164, 4.0 cr hr)	Pediatrics Core Clerkship (OM7184, 4.0 cr hr)	Obstetrics/ Gynecology Core Clerkship (OM7174, 4.0 cr hr)	Surgery I Core Clerkship (OM7134, 4.0 cr hr)	Surgery II Core Clerkship (OM7144, 4.0 cr hr)	Psychiatry Core Clerkship (OM7194, 4.0 cr hr)	Study (no credit)	Elective Clerkship (OM7200, 4.0 cr hr)	Vacation (no credit) variable scheduling
	<b>OMM V</b> Osteopathic Manipulative Medicine V (OM7112, 2.0 cr hr)											

Year 4

Primary Care Required Elective Clerkship (OM8104, 4.0 cr hr)	Emergency Medicine Required Elective Clerkship (OM8114, 4.0 cr hr)	Surgery Required Elective Clerkship (OM8124, 4.0 cr hr)	Vacation (no credit) variable scheduling	Elective Clerkship (OM8100, 4.0 cr hr)	Elective Clerkship (OM8200, 4.0 cr hr)	GRADUATION WEEK					
<b>OMM VI</b> Osteopathic Manipulative Medicine VI (OM8112, 4.0 cr hr)											

# Assessment of Clinical Clerkships

## Evaluations

Whether the learner is supervised by one attending physician or several or perhaps a resident on a service, the preceptor to whom the student is assigned will usually evaluate student performance.

The preceptor will be asked to provide an online evaluation consisting of scale ratings. Access to clinical education management software will be provided.

## Providing Effective Feedback

Providing feedback is different from an evaluation. If done well, feedback is non-judgmental and is meant only to provide a frame of reference to the learner so they may better understand their level of performance based on observations from the preceptor.

## Characteristics of Effective Feedback<sup>14</sup>

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

# Student Information

## Student Clerkship Work Hours

In order to stay in accordance with BCOM's educational mission and clerkship goals student work hours will need to follow the below guidelines:

1. Students will not be permitted to work over 80 hours per seven day week, averaged over a four week period.
2. Clinical rotations that are scheduled as shift work, such as Emergency Medicine and night float will be limited to 12 hour shifts with a minimum of 10 hours between each work period.
3. Students are permitted to take call, night float and to work weekends, but must be permitted to have one continuous 24 hour period free from all educational and clinical activities in a seven day period averaged over a period of four weeks.
4. Medical students cannot be scheduled for in-house call or night float more than every fourth night when averaged over the period of the clerkship.
5. All third and fourth year BCOM students will have all official Burrell College of Osteopathic Medicine holidays off. On the work day prior to the holiday, students will be dismissed from their rotation by 5pm, and will not be assigned any call or regular clinical duties until the day following the holiday.
6. The Regional Assistant Dean, preceptors and BCOM Assistant Dean of Clinical Education are permitted to institute more restrictive duty hour guidelines then listed above. Work hours may not however, exceed or violate the above regulations.

## Clerkship Attendance

Students are required to be at all of their assigned clerkship rotations during normal work hours, unless it violates the Student Clerkship Work Hours. Normal work hours will be determined by the supervising physician and must be consistent with the clinic and hospital service. Students are not prohibited from participating in home and in-house call, night float and weekend hours. Students are to be familiar with work hours for the rotation and must be present for all educational events such as hospital rounds, grand rounds, tumor board, morning report, or other educational venues deemed important by the supervising physician.

There are no excused absences from clerkship rotations unless approved by the Office of Clinical Affairs and the Instructor of Record. All unexcused absences must be reported to the Clerkship Coordinators by the

student. The Burrell College of Osteopathic Medicine academic holiday calendar will be observed by all third and fourth year BCOM students. On the work day prior to the holiday, students will be dismissed from their rotation by 5pm, and will not be assigned any call or regular clinical duties until the day following the holiday. This attendance policy may be modified at the discretion of the course director.

## **Professionalism**

Students will demonstrate a commitment to personal responsibility, honesty, empathy, and integrity in all their interactions with patients, peers, staff and all health care providers. Students are expected to demonstrate the following objectives (outcomes):

- Demonstrate respect, compassion and a responsiveness to the needs of patients and society that supersedes self-interest.
- Demonstrate accountability to patients, the profession, and a commitment to excellence and professional development.
- Demonstrate a commitment to ethical principles with regard to patient confidentiality, informed consent, and withholding and termination of care.
- Demonstrate sensitivity to the patient's culture, age, gender, and disabilities.
- Demonstrate an understanding that a patient must give permission for the release of any health information, even to family members.
- Serve as the patient's advocate
- Demonstrate an awareness of appropriate Physician and patient boundaries.

## **Guidelines for Student Attire**

During clinical clerkships students will wear clean, white jackets with BCOM name tags or name badges provided by the clerkship facility. The student must dress in a manner that is fitting for a physician in the clinical setting (business casual). If the clerkship facility has a dress code that differs from BCOM, the student will be informed to abide by that policy. If students are on a service that requires scrubs, students will be required to wear scrubs provided by the clerkship facility or personal scrubs that meet the facilities requirements.

## **Family Educational Rights and Privacy Act of 1974**

BCOM operates in compliance with the Family Educational Rights and Privacy Act of 1974, (FERPA), as amended. Students have the right to inspect all official records which pertain to them and to challenge inaccurate or misleading information. Exceptions are parents' financial records and confidential letters and statements placed in the record before January 1, 1975, or placed under conditions where students have signed a waiver of right of access.

All COM student academic information is considered confidential except the following "directory" information available to the public: student's name, campus and off-campus address, email address, telephone and voice mail number, photograph, major field of study, participation in university activities and sports, physical and performance statistics of members of athletic teams, dates of attendance, full-time or part-time status, degrees, awards, and honors, dean's list, and most recent previous institution attended by student.

COM Students may waive the right of nondisclosure, allowing access to their records by anyone who has a completed copy of the waiver form. The waiver form is effective through the student's graduation or until the student designates otherwise. The student may request that directory information not be released. This must be made in writing to the Office of the Registrar within 15 days of the beginning of each term. Failure to notify the Office of the Registrar may mean that university publications, such as team roster, promotional brochures, or the student directory, may include some directory information.

### **FERPA Complaints**

Complaints regarding alleged violations of rights accorded by students by the Family Educational Rights and Privacy Act or the regulations promulgated under may be directed in writing to:

**Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-5901**

For more information visit the Department of Education's Family Compliance Office at <http://www.ed.gov/offices/OM/fpco/index.html>

## Malpractice Insurance Coverage

Students are fully covered by Burrell College of Osteopathic Medicine's professional malpractice insurance while on all training assignments approved by the College. Students may participate in unique clinical opportunities outside of the regular curriculum only with prior written approval of the BCOM Dean. Direct any such requests for special assignments or activities to the BCOM Dean.

## Malpractice Insurance Coverage Certificate

CERTIFICATE OF LIABILITY INSURANCE					DATE:	9/2/2016
<b>PRODUCER</b> THE MARQUIS GROUP INC 5220 S UNIVERSITY DR STE C202 DAVIE FL 33328-5317			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
<b>INSURED</b> BURRIELL COLLEGE OF OSTEOPATHIC MEDICINE AT NEW MEXICO STATE UNIVERSITY			<b>INSURERS AFFORDING COVERAGE</b> <b>INSURER A: The Medical Protective Company</b> <a href="http://www.medpro.com">www.medpro.com</a>			
<b>COVERAGES</b>						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INBR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ PER CLAIM \$ FIRE DAMAGE (Any one fire) \$ MED EXPENSE (Any one person) \$ PERSON & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per Accident) \$	
	PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	G00985	08/04/16	08/04/17	PER OCCURRENCE \$1,000,000 PER CLAIM \$ ANNUAL AGGREGATE \$3,000,000	
	EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EA ACCIDENT \$ E.L. DISEASE EA EMPLOYEE \$ E.L. DISEASE POLICY LIMIT \$	
	OTHER: EMPLOYMENT PRACTICES LIABILITY DEFENSE COVERAGE				PER OCCURRENCE LIMIT OF DEFENSE AGGREGATE LIMIT OF DEFENSE	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE/SEE POLICY FOR SPECIFIC COVERAGE INFORMATION/SPECIAL PROVISIONS  Medical Students of Burrell College of Osteopathic Medicine - \$1,000,000 Per Occurrence / \$3,000,000 Annual Aggregate for acts performed at the attached locations.						
CERTIFICATE HOLDER				CANCELLATION		
				THE MEDICAL PROTECTIVE COMPANY WILL NOT BE RESPONSIBLE FOR INFORMING THE CERTIFICATE HOLDER OF ANY CHANGES IN COVERAGE OR IN THE LIMITS OF LIABILITY OR IN THE EVENT OF THE TERMINATION OR CANCELLATION OF THE POLICY.  The Medical Protective Company Representative 		

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# Acknowledgement of Receipt

## *Preceptor Orientation Materials Package*

*(BCOM Copy – Sign and Return to Clinical Affairs)*

I acknowledge that I have received a copy of the BCOM Preceptor Orientation Materials Package. BCOM Preceptor Orientation Materials Package includes:

- Preceptor Manual
- OPP learning module – “Introduction to Osteopathic Medicine”
- FERPA
- Syllabus
- Preceptor Faculty Policy
- Subscription to the “Teaching Physician”

I understand that I am responsible for reading the information contained in the Package. I understand that the Package is intended to provide me with a general overview of the Clerkship Rotations and Preceptor Appointment Process. I acknowledge that nothing in the Package is to be interpreted as a contract, expressed or implied, or an inducement for Precepting, nor does it guarantee my Preceptor Appointment for any period of time.

I have the right to resign at any time with or without cause, just as the BCOM may terminate my Appointment at any time with or without cause or notice, subject to applicable laws. I understand that nothing in the Package or in any oral or written statement alters the at-will relationship, except by written agreement signed by Clinical Affairs.

I acknowledge that the BCOM may revise, suspend, revoke, terminate, change or remove, prospectively or retroactively, any of the procedures outlined in this Package or elsewhere, in whole or in part, with or without notice at any time, at the company’s sole discretion.

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(Signature of Preceptor)

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(Date)

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(College Representative)

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(Date)