



# Preceptor Manual

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*Clerkship Rotations - Years 3 & 4*

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## Table of Contents

Faculty Appointments .....	2
Faculty Development .....	2
Family Educational Rights and Privacy Act (FERPA) .....	3
Sex Discrimination and Harassment (Title IX).....	4
CMS Guidelines for Teaching Physicians .....	5

This manual for clinical preceptors supplements the *Faculty Handbook* for Burrell College of Osteopathic Medicine and is intended to provide additional information regarding policies and procedures that govern the conduct of clinical clerkships. The Faculty Handbook Website provides access to detailed information that is essential to sustaining the integrity of the academic programs of the College and should be used in conjunction with the information provided herein.

The *Faculty Handbook* of the Burrell College of Osteopathic Medicine may be found at:

<https://bcomnm.org/faculty-handbook/>

## **Faculty Appointments**

Acceptance of a formal appointment to the faculty of the college is required of all individuals providing learning experiences for students enrolled in academic programs under its sponsorship. Clinical providers serving as preceptors may initiate credentialing through the Office of Clinical Education as well as their assigned clinical department.

For a complete discussion of the faculty appointment process including rank and promotion please refer to the *Faculty Handbook* at:

<https://bcomnm.org/faculty-handbook/>

## **Faculty Development**

The College appreciates that each preceptor brings experience in providing high quality, evidence-based health care to the community and a willingness to model these skills for the next generation of physicians. Few physicians have been formally trained in education. Nevertheless, most will offer meaningful learning experiences. In order to advance precepting skills, the college makes available a number of development opportunities. Training faculty from the college will hold periodic workshops at its hub locations at a time and place that will be convenient for most faculty in the region. Additionally, the campus resources of the College, including library subscriptions are available online. Preceptors may request access to subscriptions by contacting:

BCOM Library Director  
(575) 674-2330  
[library@bcomnm.org](mailto:library@bcomnm.org).

The Society of Teachers of Family Medicine (STFM) has created a compendium of online faculty resources. The College has subscribed to *Teaching Physician* which may be accessed at the following Web site:

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

Username: BCOM  
Password: bcom1234

For guidelines on carrying out positive teaching experience please see “[How to be an Efficient and Effective Preceptor](#)” manuscript at the end of this manual.

The College asks that you let the Office of Clinical Education know in what areas you would like to receive additional training. They will periodically ask you to complete a survey to assess your needs.

## **Family Educational Rights and Privacy Act (FERPA)**

The College 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.

All student academic information is considered confidential except the following examples of “directory” information available to the public: student’s name, campus and off-campus address, email address, telephone and voice mail number, photograph, dates of attendance, full-time or part-time status, degrees, awards, and honors, dean’s list, and most recent previous institution attended by student.

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 college publications, such as promotional brochures, or the student directory, may include some directory information.

***In addition to the prohibitions outlined above, faculty may not share personal information regarding student performance or other prohibited information with other students, colleagues or professional staff that are not directly engaged in the student’s educational experience.***

For further information regarding compliance with FERPA, please contact the college’s compliance officer:

**Vanessa Richardson**  
**575-674-2396**  
**[vrichardson@bcomnm.org](mailto:vrichardson@bcomnm.org)**

## **Sex Discrimination and Harassment (Title IX)**

The U.S. Department of Education's [Office for Civil Rights](#) (OCR) enforces, among other statutes, Title IX of the Education Amendments of 1972. Title IX protects people from discrimination based on sex in education programs or activities that receive Federal financial assistance. Title IX states that:

*No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.*

### **Scope of Title IX**

Title IX applies to institutions that receive federal financial assistance from ED, including state and local educational agencies. These agencies include approximately 16,500 local school districts, 7,000 postsecondary institutions, as well as charter schools, for-profit schools, libraries, and museums. Also included are vocational rehabilitation agencies and education agencies of 50 states, the District of Columbia, and territories and possessions of the United States.

Educational programs and activities that receive ED funds must operate in a nondiscriminatory manner. Some key issue areas in which recipients have Title IX obligations are: recruitment, admissions, and counseling; financial assistance; athletics; sex-based harassment; treatment of pregnant and parenting students; discipline; single-sex education; and employment. Also, a recipient may not retaliate against any person for opposing an unlawful educational practice or policy, or made charges, testified or participated in any complaint action under Title IX. For a recipient to retaliate in any way is considered a violation of Title IX. The [ED Title IX regulations](#) (Volume 34, Code of Federal Regulations, Part 106) provide additional information about the forms of discrimination prohibited by Title IX.

### **OCR's Enforcement of Title IX**

OCR vigorously enforces Title IX to ensure that institutions that receive federal financial assistance from ED comply with the law. OCR evaluates, investigates, and resolves [complaints](#) alleging sex discrimination. OCR also conducts proactive investigations, called compliance reviews, to examine potential systemic violations based on sources of information other than complaints.

Burrell College will remove any individual from participating in its educational programs who is found to be in violation of this statute. For assistance related to Title IX or other civil rights laws, please contact the college's Title IX Coordinator:

**Vanessa Richardson**  
**575-674-2396**  
[vrichardson@bcomm.org](mailto:vrichardson@bcomm.org)

## **CMS Guidelines for Teaching Physicians**

The Centers for Medicare and Medicaid Services (CMS) have established documentation guidelines for fee-for-service providers engaged in the training of students, interns, and residents in clinical venues. In general, a provider cannot bill for services provided by a student. However, students can provide certain documentation in the medical record on behalf of the provider thereby expediting the patient encounter. The following revision became effective in March of 2018:

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

*Any contribution and participation of a student to the performance of a billable service (other than 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 the physical presence of a resident in a service that meets the requirements 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 and may verify any student documentation of them in the medical record rather than re-documenting this work.*

In summary, a student may document the history and physical exam in the medical record but the billing provider (or resident in a primary care continuity clinic) must provide a written verification of the findings and personally perform the physical examination elements that are being verified.

Complete guidelines for teaching physicians may be found at:

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



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## How to be an Efficient and Effective Preceptor:

**It is possible to do the important work of precepting students and still get home in time for dinner**

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“Students slow me down” and “Students take too much time” are common complaints of precepting physicians, and yet some physicians have endless energy for teaching and are able to maintain their clinical productivity. What do these doctors do differently?

We held five professional seminars in 2007 and 2008 to talk with experienced physicians from health education programs across the United States about their precepting experiences. We collected and analyzed the suggestions that emerged in search of common themes. Doing so made it clear that physicians should focus on six areas to be efficient and effective preceptors.

### 1. Establish a teaching environment

A positive teaching experience begins with an appropriate match between student and preceptor. Make sure the educational programs you work with know your personality and work-style preferences. The programs should also know the makeup of your practice, such as patient population, and the learning experiences you can offer students, such as different types of procedures.

Once the program has matched you with a student, you and your staff will need to address a number of logistical issues.

First, your scheduling template may need to be revised to maximize clinical efficiency and quality teaching. There are several ways you can do this:

- Book urgent care visits and complex visits simultaneously. You can conduct one or more brief visits while the student sees a patient with more complex problems.
- Block 15 minutes of your schedule in the morning and afternoon to allow time for student review and teaching.
- Double-book your first appointment and block your last appointment. This allows you and your student to start seeing patients at the same time, and it provides catch-up time at the end of the day.

At the beginning of each day the student is in the office, review the schedule and consider which patients you would like to include in the student’s schedule. Have the staff member rooming the patient ask whether it is OK if a student conducts the visit. Use positive phrasing like, “Your physician is teaching a student. Is it OK if the student sees you first?”

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Author disclosure: nothing to disclose.

Send comments to [fpmedit@aafp.org](mailto:fpmedit@aafp.org).

These selections should be based on patient and visit type and the student's educational needs. Some patients take forever even for preceptors, so they may not be appropriate for beginning students, but patients who need or desire more in-depth interactions may be ideal for students. Students can help set up appointments for these patients, arrange needed ancillary services and explain their test results.

When possible, plan any follow-up appointments with these patients for a day when the student is in the office. This continuity gives students the opportunity to discover whether treatment plans they helped develop are working. In addition, some patients may appreciate the extra attention and enjoy seeing the student's educational growth.

When selecting patients, you should also consider what the student is currently learning. Ask, "What are you studying now? We'll try to find a patient with that system issue."

Ultimately it is important for both preceptor and student to be flexible. Occasionally you may need to ask the student to do other work while you see several patients in a row, because of the nature of the visits or because you need to catch up.

It is also important to provide students with a work-space that includes a desk and a place for personal items. Prior to the student's arrival, arrange for the student to have a computer workstation and access to patient records, including log-in information for electronic health records as needed.

Ask a staff member to orient the student on his or her first day. The student will need to know where to park and be introduced to the staff and the office space. Orientation should include time to attend to administrative details, such as computer training and obtaining a security badge.

## 2. Communicate with everyone involved

Communication is key to ensuring a successful teaching arrangement. It is essential that you express your expectations and goals to students, their educational program and your fellow clinicians and staff members. Prior to the student's arrival at your practice, the program should describe the student's skill level and explain what it expects the student to learn from the experience in your office.

Students and preceptors should communicate early and frequently regarding expectations, goals, and learning and teaching styles. This saves time and prevents frustration. Soon after the beginning of the rotation, start talking with students about their progress and the extent to which they are meeting their educational goals. Have students keep track of what types of patients they have seen and which procedures and clinical activities they have seen and done, such as taking a patient's history and providing patient education. You should ask, "Is there any type of patient we need to have you work with today?" This helps students focus on their goals and helps you focus on meeting their needs. Ask questions that elicit reflection, such as, "What did you learn today?" These discussions could direct future sessions or independent research topics.

Feedback is necessary for evaluation, and it can prevent repetitive, time-wasting mistakes. Be sure to provide students with continuous feedback, and ask them about their experience with questions such as, "Is there a different way that I could teach to help your education?" Preceptors who have any concerns about students should immediately contact the student's educational program.



Because students become part of the clinical team, it is essential that preceptors and students communicate with fellow clinicians and staff members. Preceptors should begin with the attitude that students add value to the practice. This approach will then likely spread to physician partners and clinic staff, and students will be more likely to make significant contributions. Ensuring buy-in from partners and clinic staff will save time for everyone by preventing misunderstandings and duplication of effort. Supportive colleagues can also enhance the student's educational experience. Be sure to let your colleagues know if the student needs experience with certain procedures or diseases. You could say something like, "The student needs more work with diabetic patients. Could you let us know if you see any opportunities for that today?"

### 3. Tailor your teaching to the student's needs

It is important to adapt your teaching to each student's educational needs, goals and learning style. Doing this boosts the quality of the student's education and helps you to remain efficient. You should assess the student's strengths and weaknesses early on by observing the student's interactions with patients. Then adjust your approach as needed based on your findings.

Your teaching method may also be influenced by how much time and how many exam rooms you have. Here are some suggestions for ways the two of you might share patient visits and structure learning opportunities:

- Observe the student for an entire patient visit. Create your note while the student takes the history, and ask additional questions or assist with the exam as necessary.
- See the patient after the student presents the history to you but before the exam is completed. Assist the student with the exam or demonstrate. Medicare's billing and coding rules permit students to document the review of systems and past, family, and social history. A student-documented history of the present illness must be "verified and redocumented" by the preceptor, according to the Centers for Medicare & Medicaid Services' *Claims Processing Manual*, Chapter 12, Section 100 (see "Medicare's Student Documentation Rules" on page 00).
- Take the history while the student listens, and have the student perform the exam while you observe. The Medicare guidelines require that you "perform and redocument the physical exam."
- Have the student observe an entire encounter between you and a patient. This is especially beneficial if you have the opportunity to demonstrate specific interviewing or exam techniques.
- Use the classic teaching method if time allows. Have the student see the patient, leave the exam room and present to you, then return together to see the patient. Alternatively, you might have the patient present to you in front of the patient. In either case, you should give the student time to process the patient's information before presenting. This method can be time-consuming, but it allows the student autonomy other styles may not achieve. If there are sufficient exam rooms, you can see other patients while the student is conducting the visit and formulating a plan.

First, make your practice a teaching environment. Altering your appointment template will help you accomplish this.

Communicate with all parties involved to help ensure success.

Tailor how you teach according to the student's educational goals, needs and learning style.

#### 4. Share teaching responsibilities

Students don't need to spend every minute of the day with you to advance their education. Preceptors, partners, staff, patients and students themselves can all be part of the teaching team. For example, students can learn different exam techniques from your partners, or phlebotomy from ancillary staff. They can also "teach themselves" by building clinical knowledge through independent research. Opportunities like these can enrich the students' experience while enabling you the flexibility you may need to work independently. Here are some additional ways to get other members of the teaching team more involved:

- Ask nurses and medical assistants to teach students to administer injections, perform lab tests, obtain ECGs, complete blood draws, etc.
- Ask office staff to orient students to the business side of family medicine.
- Ask other physicians for help. If they are receptive, you might even consider rotating preceptors daily, weekly or monthly.

Here are some ways to encourage the student to be more involved:

- Have the student teach you more about a subject you'd like to study. You could say, "I don't know much about this disease. Would you read up on it and teach me before our next clinic? Be sure to include your resources."
- Know when to answer a student's question and when to have the student find the answer on his or her own. Encourage self-directed learning. Give students examples of what to do when they aren't with you, such as start the next visit, review a chart or look up a question.
- Have students create or update patient information resources (e.g., standard one-pagers on common issues). Preceptors can share these student-made resources with patients and future students.

#### 5. Keep observation and teaching encounters brief

Dividing observation and teaching into short, focused time segments helps fit precepting into a busy schedule. Observing student history-taking or exam skills in two- or three-minute segments enables you to assess ability and progress without getting behind on patient care. Teaching can be broken into short, focused interactions as well. Not everything can or should be taught all at once; concepts are often best reinforced with repetition. Students are more likely to benefit from small amounts of information linked directly to patient problems rather than large amounts on general topics. Try these tips:

- Don't lecture on every patient visit. In fact, you may not need to lecture on any of them. When you do teach concepts, emphasize key points and avoid lengthy discussions.
- Give feedback on individual exam skills. For example, focus only on the student's ear, nose and throat exam for one week.
- Teach portions of a procedure over time. For example, have students provide a patient's digital block/lidocaine injection one day and remove another patient's toenail on a different day.
- Focus on one aspect of a patient encounter. For example, for a patient who complains of shortness of breath, ask the student to focus on the HPI; for a patient who has asthma, focus on patient education; for a patient with a new rash, focus on the physical exam.

## 6. Broaden student responsibilities

Expanding students' responsibilities maximizes their educational experience and fully utilizes their skills in patient care. When you think the student is ready to do more, try these ideas:

- Have students document their reflections after seeing a patient and summarize learning points.
- Ask students to look up answers to patient questions. For example, during a patient visit you might say, "Mrs. Smith, I don't know the answer, so our student will look that up, and we will get back to you this week." After the student has found the answer and discussed it with you, have the student call the patient or send the answer via e-mail.
- Review patient test results and treatment plans with the student, and then have the student call the patient to give test results and follow-up instructions. Chart or complete other paperwork next to the student during the call so that you can verify the accuracy of the message and give feedback as needed.
- Have students facilitate ancillary services (make necessary phone calls to the lab, communicate with therapists, etc.).
- Have students provide patient education and direct patients through the rest of the office visit while you move on to the next patient.
- Have students help improve chart details. Students can sit with patients to review and update medication lists, preventive screening schedules, histories and problem lists. When you see the patient, you should quickly review the student's notes with the patient.
- Give students clinical tasks such as administering questionnaires or helping with blood draws.
- Have students assist with patient flow by rooming patients and taking vital signs.

As you expand the student's responsibilities, be sure not to repeat tasks you've entrusted him or her to do, unless billing and coding guidelines require it. In such cases, you can confirm and clarify: "Mrs. Smith, my student tells me that your headaches began about one week ago. Is this correct?"

Make sure students contribute to the top of their ability level. The more responsibility a student can take on, the more he or she can contribute to patient care. This makes the student more valuable to you and the clinic, and makes the experience more valuable to the student.

### A final note

Some of these suggestions may not apply to every practice setting. Preceptors and practices should consider which strategies work best for them. We hope this article will supply physicians with a pearl or two that will boost their clinical productivity while doing the important work of training future family physicians.

Ask members of your staff and other physicians to help you teach the student.

Keep teaching and observation segments short and focused.

Expanding students' responsibilities fully utilizes their skills in patient care.

## MEDICARE'S STUDENT DOCUMENTATION RULES

Follow these guidelines when working with 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 documentation of an E/M service by a student that may be referred to by the teaching physician is limited to documentation related to the review of systems and/or past family/social history. The teaching physician may not refer to a student’s documentation of physical exam findings or medical decision making in his or her personal note. If the medical student documents E/M services, the teaching physician must verify and redocument the history of present illness as well as perform and redocument the physical exam and medical decision making activities of the service.”

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Check out the online version of this article at <http://www.aafp.org/fpm/2010/0500/p18> where you’ll find printable tables in a handy format that contain much of the helpful tips and advice found in the article.