Rural Physician Associate Program (RPAP)

Preceptor Guide
2014-15
RPAP PRECEPTOR GUIDE

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

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

RPAP Mission Statement

The Rural Physician Associate Program is designed to nurture third year student’s interest in rural medicine and primary care by providing a strong rural educational curriculum.

Program Description

RPAP provides third year medical students with a longitudinal continuity educational curriculum in rural settings where they complete core clinical clerkships and are guided and mentored collaboratively by both academic and community faculty. The program is designed to enhance development of professional identity by providing students with authentic roles in care giving. It provides students with a broadened perspective on patients’ experience of illness and on comprehensive care in the context of family and the community.

Educational objectives for RPAP

Learn to provide comprehensive care (including preventive, acute and chronic) in the context of the patient’s family and the community.

Develop experience in procedural skills essential to primary care clinicians.

Work effectively with other members of the local health care team to enhance individual and community health.

Develop communication skills and sensitivity of psychosocial, sexual and family components of medical problems.

Develop the habit of reflective practice necessary for success as a life-long independent learner.

Experience a rural lifestyle and gain personal confidence and competence in assuming the role of a rural physician.

Understand fundamental aspects of rural health care including practical issues that impact care delivery, rural health care systems, and health problems specific to a rural population.
The University of Minnesota Medical School has established overarching Clinical Learning Objectives for the third and fourth year of medical school based on the above Domains of Competence.

These may be reviewed at: http://www.med.umn.edu/curriculum/competencies/domains.php

The RPAP program curriculum allows for completion of a number of the clinical objectives.
THE STUDENT’S ROLE

RPAP students are first and foremost students. They will have basic competency in history taking and physical exam, as well as creating a differential diagnosis. It is advisable to let the student see your method of history and exam skills for the first week, and then gradually increase the student’s area of responsibility. It is important to remember that the student will always require supervision.

RPAP students have completed six weeks of Medicine and six weeks of Obstetrics and Gynecology, Pediatrics or another required course prior to arriving in the community.

Throughout the 9 months of the program, a student should learn how to evaluate and care for a broad mixture of medical problems that are seen in primary care settings. The goal for the student is to gain clinical confidence and develop Competent or Proficient level of medical history and physical examination skills. They also will develop Advanced Beginner level to early Proficient level competency of clinical diagnostic tests and treatment modalities of a wide range of medical problems.

A definition of the various levels of learners is as follows:

**Novice:** Fundamental knowledge, willing to learn  
**Beginner:** Able to apply knowledge to assessment and plan, motivated to improve  
**Competent:** Able to assess and improve self skills  
**Proficient:** Able to handle change, multiple problems, discern issues clearly.  
**Master:** Leader and innovator of medical care.

The student should learn about and experience an **interprofessional team approach** to health care. During the first week or two of the program, your student should spend several days meeting the other health professionals in the community including nursing personnel and office staff; physical, occupational, and respiratory therapists; laboratory technicians; dietitians; hospital and clinic administrators; pharmacists; public health and school or parish nurses; social workers and mental health professionals. The student should learn about the roles they play in the care of the patients in your community. Through this activity they will develop a context for how health care is provided in your community through various settings and they will understand how to utilize these professionals to provide better care for your patients. Students may need your help arranging these visits.

Students should become involved in problems that require cooperation with other **physicians** (e.g., emergency appendectomy by a surgeon). They also should be involved in care requiring multiple physicians from other specialties following termination of care by another specialist.

Students are required to read textbooks, journals, complete on-line curriculum for 1 to 2 hours per day during regular clinic hours. Plan that your student will require approximately 5-10 hours per week during regular working hours to be protected time for completion of the curriculum, including required readings, projects, preparation of cases for formal presentations, and online work. In addition, they will need time for independent study to read background on the clinical cases they are involved in with you. Most preceptors have found the best time for this study is immediately after seeing morning hospital patients or at the beginning of the day’s clinic schedule. Once the clinic day starts and the student is involved in patient care, it is very difficult for them to find this uninterrupted time again.

An excellent way to reinforce this learning is to discuss the topics they have read on a regular basis. This will further solidify the student’s learning and it can be every enjoyable for the preceptor as well to hear about new medical knowledge.
STUDENT ORIENTATION (FIRST TWO WEEKS)

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

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

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

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

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

Direct observation of the student seeing patients is the best way to assess the student and form the basis for teaching. Try to observe the student directly at least a couple times a week to assess their knowledge and skills with patient interviews. Consider doing “in room” precepting to save time and engage the patient in the medical management discussion.

- Take time to instruct, supervise, answer questions, and provide feedback to the student. To protect this time, you may find it necessary to reduce your patient load, at least initially.
- Review the list of patients you see each half-day and “assign” the student certain patients. Briefly review with the student what you would like to see as a “deliverable” in the patient encounter if you know the patient well.
- Demonstrate diagnostic and procedural skills appropriate to primary care physicians, and allow the student ample opportunity to perform these under your supervision. Help build confidence so he/she will be able to do procedures and develop skills commensurate with their level of training.
- Help the student develop continuity of care with patients by observing treatment outcomes and participating in ongoing care of individual patients and their families.
- While students should not be expected to see as many patients as you see during the day, they do need to learn how to care for patients in a timely fashion in the office.
- Meet with students on a weekly basis to discuss cases the student has seen and to review the primary care topics. Take time for feedback. Hallway discussions and off-hand feedback are not as powerful as sitting down and having an unhurried dialogue with the student. Give the student an opportunity to talk about particular patients and present one or more cases to you for critique.
- Review the student’s professional progress (charts, records the student checklists and activity log) and discuss any personal problems they may have. This time can also be used to assess and modify your “student-preceptor contract” so it is consistent with your expectations and experiences. Encourage the student to give you feedback about your teaching as well.
- Help students develop a differential diagnosis and general treatment plan. Preceptor questioning, support, and reasoning will help most if given after students make a diagnostic decision. Challenge the students, help them to think about how and why a diagnosis was made, and what they need to do to confirm or reject it, as well as elements of treatment. The emphasis during the third year of medical school is on refining the history & physical and differential diagnosis problem solving. Medical students need to be aware of general aspects of treatment, but the finer particulars of treatment such as doses of drugs do not have to be emphasized.
- Formal evaluations are needed approximately every six weeks. The RPAP program will send you a reminder to complete the evaluation through an online E-value system used for medical school clerkships. Please complete the online form and discuss it with the student. The form provides the format for your verbal discussion with your student. You have a wonderful opportunity to observe your student over an extended period of time, and provide feedback that can then be reviewed at the next evaluation. The written comments are particularly important as they form the basis for their performance letter for residency application.
PLANNING STUDENT ACTIVITIES

- Integrate students into “day-to-day” practice activities in a way that stresses continuity of care.
- Schedule regular reading time for 1-2 hours daily.
- Schedule students for call when you’re on call. If you take a regular time or day off students should also have the same time off. Students are to be on call no more often than every 4th night and every 4th weekend. As a minimum, however, students should take call one night a week and one or two weekend days a month. Students should not be on call the night before scheduled RPAP activities (Communication Session Visits and Specialty Faculty Visits) or before they take examinations.
- Introduce your colleagues and orient them to the role of the student and the student’s abilities, especially if they are to work with your student in your absence. Preceptor designees should be familiar with the RPAP objectives and goals prior to working with students.
- Assign 3-4 nursing home patients, if possible, to the student, to care for and follow throughout the year under your or another colleague’s supervision. This involves total supervised care of these patients in the extended care facility, clinic and hospital environments.
- Your student also has required responsibilities assigned by RPAP:
  - Four specialty faculty visits from the following specialties: (Family Medicine, Medicine, Pediatrics, Women’s Health and Surgery). During these visits they must do formal oral presentations of cases and select one aspect of each case to teach their peers about.
  - Two RPAP communications sessions.
  - Completion of an Evidence Based Medicine Project and a Community Health Assessment project and formal presentation.
  - Completion of significant online reading assignments for each of their clerkships, and participation in online discussions.
    Please be supportive of these learning activities and help them prepare for faculty visits by reviewing write-ups, listening to case presentations, or by asking questions that help them think.
- Negotiate the time of the students’ vacation with them. All RPAP students receive 3 weeks vacation (15 working days) to be taken at a time that is mutually agreeable to the student and the preceptor. In addition they receive one week off during the holidays and the specific dates of this week should be scheduled with you. Students may choose to schedule their vacation to coincide with campus holidays. Student vacations should not conflict with the regularly scheduled RPAP visits. Students are also given the weekly time off of their preceptors.
STUDENT EVALUATIONS

Approximately every six weeks you (or another physician precepting the student) must complete a performance evaluation on the student. Please include comments where appropriate within the evaluation and summary comments at the end. This evaluation is a majority of the RPAP grade. The comments given are very important and are used for preparation of the dean’s letter and for residency application. Inform your student of the ratings and discuss the evaluation with him/her. A sample form is included in this guidebook. This is a critical opportunity for you to provide vital verbal feedback to the student on areas where they need focus, and where they excel. You will receive the evaluation via e-mail notification and must fill it out through the E-value system used by all courses in the medical school.

Please be aware that delays in completing the evaluation may compromise your student’s grade and financial aid due to an incomplete record.

KEYS TO A SUCCESSFUL EVALUATION PROCESS

- Be honest with the student on a day-to-day, week to week basis, and then a formal evaluation will come as no surprise to either of you. Try to give some feedback at the end of each day if possible.
- Evaluations should comment on progress and improvement when it occurs.
- Don’t over-rate or inflate the grade of the student. Being an average student is no failure!
- Provide constructive criticism. IF NECESSARY, give critical evaluation. This can be very difficult, but it needs to be done. It is your responsibility as a preceptor. Please contact the RPAP office if you feel the student needs to be given this type of evaluation. Students need to know where there is a need for improvement.
- It is best to be honest with the student and NOT do the “sandwich” technique where negative feedback is given between two “layers” of positive feedback.

SCHOLARSHIP

The $4,000 community portion of the scholarship should be paid to the student on May 1, 2014. According to University payroll, it is recommended that social security, federal and state taxes be deducted before the clinic portion of the scholarship is paid. Students should be able to deduct book and tuition expenses from the total RPAP compensation (state and community) provided. Please check with the IRS if more specific information is required, since the University has no established written policy.

PRECEPTOR AS A ROLE MODEL AND MENTOR

You have the opportunity to be a tremendous influence on the future professional life of the RPAP student. Welcome her or him into your professional life in the clinic, hospital and community. Include the student in your professional duties beyond clinical care — administrative meetings, hospital committees, quality improvement projects. Students are also interested in your personal lifestyle and involvement in the community. What you say and do is extremely important in your student’s professional education. If you are enthusiastic, honest and carry a positive attitude, the student will feel comfortable, confident, and inspired by your presence and guidance.
REQUIRED CLINICAL CLERKSHIPS WHILE ON RPAP

RPAP students complete at least 12 weeks of RPAP elective time to be apportioned 6 weeks at the beginning of the program and 6 weeks at the end. During this beginning time the student is oriented by you to your practice, the community and your patients. The last six weeks allow for an opportunity to deepen their primary care continuity experience, and explore any remaining identified areas of interest.

In addition, students complete requirements for a number of required clerkships while on RPAP. These include: Family Medicine Clerkship, Primary Care Selective and Surgery. Depending on the site and availability of preceptors in a community, students will complete requirements for some of the following clerkships: Pediatrics, Women’s Health, Emergency Medicine, Urology, and Orthopedic Surgery.

Students are provided with course requirements for each course and should share them with you and potential preceptors. It is vital that all their preceptors review the syllabus and requirements for each clerkship the student completes under their direction. In some sites, students will complete the requirements for these clerkships by threading their experiences across the nine months of RPAP. In other sites, they will complete these clerkship requirements by spending a block of time in the particular discipline. When that happens, students are still required to spend at least ½ day per week back in your practice to preserve some continuity with your patients. They are then also expected to make up that time in the specialty discipline by following patients from primary care into that discipline when appropriate. For example, if a patient followed in their family medicine practice is referred to a surgeon, the student may participate in that consultation, even if technically on a primary care block, and may scrub into surgery to follow that patient through their healthcare experience.

We encourage students and preceptors to arrange to thread their clerkship experiences longitudinally across the nine months wherever feasible.

Students must keep checklists and logs of their procedures and activities for their clerkships. In addition, they have required RPAP activities they must complete throughout the nine months as listed in Student Activities section of this Handbook. On the RPAP internet “Moodle” site, they access lectures and presentations they are required to review to complete their clerkship requirements. In general, students really enjoy their clinical time, and try to maximize it. While time spent on patient care with you is critical their learning, they also need time to review their online materials, and we ask that you create space in their schedules to complete these activities in addition to patient care.
RPAP PROJECTS

RPAP students must complete two projects during the nine months:

1. The **Evidence-based Medicine project** is a requirement of the Family Medicine Clerkship and has detailed descriptions on how it should be completed. It includes the development of a patient education brochure that you may find useful in the clinic.

2. The **Community Health Assessment Project** is intended to assess a specific health issue within your community and begin to develop a plan to address it. Details and requirements of the project are found on the RPAP Moodle site with all course materials. This project may be something you would choose to implement within the clinic or community and may be something that the next RPAP student would continue to work on.

RPAP FACULTY/STUDENT VISITS

COMMUNICATION SESSIONS AND SPECIALTY FACULTY VISITS

Preceptors are encouraged to participate in the various RPAP faculty visits to their community. The RPAP faculty welcomes your presence when possible. Sessions generally begin about 9:00 AM and are completed by 3:00 PM. **During this time the student should not have any other clinical duties.**

Two types of visits are made by the U of MN RPAP Faculty:

- **Communication sessions** provide an excellent opportunity for you to join the RPAP faculty in assessing your student’s strengths and weaknesses in patient interviewing skills.

- Specialty Faculty Visits are the second type of visit. Students will be assigned to groups of 3-4 students for **Specialty Faculty Visits** and will meet 4 times during the year at various community locations for these educational sessions.
  - If your student is hosting the Specialty Faculty Visit, they are responsible for making local arrangements for meeting space and food. Notices should be posted for the visiting faculty noon lecture and luncheon arrangements should be made.

INTERNET SITES FOR DEVELOPING YOUR PRECEPTING SKILLS

Review the Medical Educator and Scholarship website at [http://www.meded.umn.edu/meds/workshops/](http://www.meded.umn.edu/meds/workshops/) to find workshops and on-line resources that may be useful to you in clinical teaching.”

We have a group subscription to The Teaching Physician which is an online resource that addresses many precepting and teaching questions. Please notify us if you wish to participate in this resource and we will arrange your access. You may receive CME credit for participation.

Another helpful resource is the Expert Preceptor Interactive Curriculum (EPIC). This faculty development material for clinical teaching is designed for community practitioners. It was developed by the University of North Carolina School of Medicine (use “guest” for login and password). [http://www.med.unc.edu/epic/](http://www.med.unc.edu/epic/)
# APPENDIX

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Medical Students Doing H&P

Q. What patient care activities, such as the History and Physical, can a medical student perform and document in the medical record?

A. A medical student has no legal status as a provider of health care services. The organization should have policies and procedures which address the activities of medical or other students and what documentation from students can be entered into the record.

With regard to whether a history and physical by a medical student can fulfill the requirements for a history and physical as required the history and physical entered into the record must be performed, documented and authenticated by a practitioner with privileges to do so, or delegated to a non-LIP when allowed by law and regulation (see the clarification "Delegation of the History and Physical" on the jcaho.org website). Since the medical student is not an LIP, the H & P by the medical student would not fulfill the requirements.

In addition, it may be acceptable, in accordance with organization policy and law and regulation, for students to perform certain patient care activities under the direct supervision of a qualified LIP who enters and countersigns appropriate documentation in the medical record, as required by organization policy, and accepts legal accountability for those activities and documentation.
E/M Service Documentation Provided By Students
Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or resident in a service that meets teaching physician billing requirements (other than the review of systems [ROS] and/or past, family, and/or social history [PFSH], which are taken as part of an E/M service and are not separately billable). You, the student, may document services in the medical record; however, the teaching physician may only refer to your documentation of an E/M service that is related to the ROS and/or PFSH. The teaching physician may not refer to your documentation of physical examination findings or medical decision making in his or her personal note. If you document E/M services, the teaching physician must verify and redocument the history of present illness and perform and redocument the physical examination and medical decision making activities of the service.


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Rev. 1780 15-12.5
BENEFITS
University of Minnesota Medical School
Department of Family Medicine and Community Health
Unsalaried Core, Affiliate and Adjunct Faculty Members

Name: M.D.
University x500 ID: xxxxxxx8
Employee ID: 1234567
Email: xxxxx008@umn.edu

You’ll need to obtain a U Card in order to access many university facilities, including the libraries and discounted services, etc. U Card Office: http://www1.umn.edu/ucard.umtc/hours.html or (612) 626-9900

Location: Coffman Memorial Union 300 Washington Ave SE Minneapolis, MN 55455
To activate your university email account contact the Office of Information Technology (612) 301-4357.

A University of Minnesota email account and X500 ID is generated by the central Office of Information Technology.

Bio-Medical Library (612) 626-5653
Web site: http://www.biomed.lib.umn.edu
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).

Library Research (612) 624-2558
e-mail: johns842@tc.umn.edu fax: (612) 624-5930
The Department of Family Medicine and Community Health/Library Services is available for library searches and for obtaining copies of requested materials. Requests for this type of service should include specific details of the topic, subject, or disease about which information is being sought.

Send requests to:
Ross Johnson, Research Librarian
Department of Family Medicine and Community Health
MMC 381, 6-240 PWB
516 Delaware Street, S.E.
Minneapolis, MN 55455
johns842@umn.edu
Adjunct faculty members will be responsible for paying any costs charged by libraries for searches. Staff assistance and article photocopies are provided without charge.

Athletic Facilities
Web site: www.gophersports.com/facilities
University of Minnesota Les Bolstad Golf Course is located at 2275 Larpenteur Ave West. For more information call 612-627-4000.
Baseline Tennis Center is located at 1815 4th Street Southeast. Faculty members have access to 10 indoor tennis courts and eight outdoor tennis courts. Indoor tennis courts are available to faculty for a reduced
fee. Outdoor courts are free of charge. Four additional outdoor courts are located on the St. Paul campus. For more information, call 612-625-1433.

Mariucci Arena, located at 1901-4th Street Southeast offers indoor skating opportunities for a fee. Call the open skate information line at 612-625-6648 for further information.

**Athletic Tickets (612) 624-8080**
**Web site:** www.gophersports.com
Season tickets for Minnesota Gopher football, hockey, basketball and other sporting events may be purchased at faculty/staff rates when available.
Ticket office hours at Mariucci Arena are Monday-Friday from 8:00 a.m.- 5:00 p.m.

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

**Computers (612) 626-4276**
**Web site:** www.techmart.umn.edu
Purchase discounted computers, software and hardware at the University’s online computer store. Information and prices are available online at the above web site. You may also contact University Computer Services (UCS) at 624-4800 if you are interested in purchasing a used computer.

**Continuing Medical Education (CME) (612) 626-7600**
**Web site:** www.med.umn.edu/cme
Most courses offered by the Office of CME include a reduced fee for faculty. A CME conference schedule is available online. Please specify that you are faculty when registering over the phone. Office hours are Monday-Friday from 8:00 a.m. - 4:30 p.m.

**E-mail/Internet Account (612) 301-4357**
As a faculty member, you will automatically receive an e-mail/Internet account at no charge and be assigned an e-mail address. Please note that the University of Minnesota distributes a great deal of information via email, so we recommend that you access your university email account regularly or set up your university account to forward mail to your preferred email account. As noted above, if you do not know your account information, contact the helpline above.
Frederick R. Weisman Art Museum (612) 625-9494  
Web site: http://www.weisman.umn.edu/  
Local and national exhibits are available at the Frederick R. Weisman Art Museum at no charge. Reduced admission for special events is available. Call 612-625-9494 for museum hours.

James Ford Bell Museum of Natural History (612) 624-7083  
Web site: www.bellmuseum.org  
The museum houses permanent exhibits on the life sciences and the "Touch and See Room," a favorite with children. Brochures and schedules may be obtained by calling the museum. Admission is free with a U Card. Hours are Tuesday-Friday, 9 a.m.-5 p.m., Saturday from 10 a.m. – 5 p.m., and Sunday from noon – 5 p.m.

Northrup Memorial Auditorium and University Theatre Arts Ticket Office  
(612) 624-2345  
Web site: http://www1.umn.edu/umato/index.html  
University Theatre productions are scheduled throughout the year in Rarig Center, at 330-21st Avenue South, Minneapolis, MN 55455. Adjunct faculty may receive a reduced rate for up to two tickets. In addition to regular productions, University Theatre provides pieces designed, produced and acted by students, and performed in the Experimental Theatre, and the Minnesota Centennial Showboat (in the summer.) Season tickets or tickets for individual shows may be purchased by calling Northrop Ticket Office at 612-624-2345 Monday-Friday, from 10:00 a.m.-6:00 p.m.

Recreational Sports (612) 625-6800  
Web site: www.recsports.umn.edu  
A membership in Recreational Sports provides usage access to both Minneapolis and St. Paul facilities. Membership rate information may be found at http://www.recsports.umn.edu/Membership/index.htm. The University Recreation Center houses two fitness centers, fourteen handball and racquetball courts, five international squash courts, two gymnasiums, a kitchenette, steam rooms, locker rooms, family locker rooms, a pro shop, UCard office, deli and numerous lounge spaces.

The St. Paul Gym has a fitness center, indoor track, gymnasium, racquet and squash courts, a newly renovated swimming pool and a climbing wall.

Both facilities offer aerobics and cycling classes, personal training, fitness assessments, intramural sports, sport clubs, climbing/adventure programs and youth and community programs for an additional fee.  
(Last updated 6/3/13)
University of Minnesota Medical School
Policy for Prevention of and Response to Educational Exposures to Blood Borne Pathogens and Tuberculosis

I. Purpose
The purpose of this document is to (1) list the required and recommended immunizations for University of Minnesota Academic Health Center (AHC) students; (2) prevent/manage blood borne and respiratory infections; (3) delineate the management if exposure to blood-borne pathogens should occur to AHC students while they are in the educational setting; and (4) describe the procedure for fit tested mask requirements for AHC students who rotate through areas at high-risk for tuberculosis.

As freshman and sophomore medical students at the Medical School Duluth Campus, when reference is made to Boynton Health Center located on the University of Minnesota campus in Minneapolis, you should instead refer to the UMD Health Services on the UMD campus. The exception to this is the Protocol for Exposure to Blood Borne Pathogens During Educational Experiences (Section VII below), which should be followed as written. As third and fourth year students in Minneapolis, you will then use Boynton Health Services instead.

II. Definitions
For the purpose of this policy, AHC students are defined as those current and visiting students who are required in their academic program to have responsibilities in clinical settings and/or community environments with significant exposure to human patients/clients.

An educational exposure to blood-borne pathogens is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object), contact with mucous membranes or contact with skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area) with blood, tissues, or other potentially infectious body fluids, which occurs in the educational setting.

The dean of the school, in consultation with Boynton Health Service, will determine whether the school’s students are at risk of significant educational exposure to patients with blood borne pathogens is defined as actual contact with blood or other potentially infectious body fluids. Significant exposure to patients with tuberculosis is defined as five-minute face-to-face contact with patients who could have active pulmonary tuberculosis disease.

III. Health Insurance Coverage
It is expected that AHC students carry health insurance coverage to cover emergency medical situations. All AHC will be automatically enrolled in the University Sponsored Health Benefit Plan (SHBP). This plan provides easy, affordable coverage for the unique needs of AHC students. Each AHC student should carry insurance information at all times on clinical and community educational rotations to have available in emergency situations. For more information on the SHBP, visit the Boynton Health Service website, http://www.bhs.umn.edu/insurance/ahc/index.htm or the UMD Health Services website: http://www.bhs.umn.edu/insurance/duluth/index.htm.

IV. Immunizations
Required student immunizations and vaccinations are to comply with Minnesota State law and Occupational Safety and Health Administration regulations. Students may be expected to have other requirements by individual schools.

**IMPORTANT!**

- To register for the academic year, you must have the appropriate immunizations.
- Your failure to have all required immunizations and vaccinations may influence the University’s ability to place you in clinical rotations.
- You must carry documentation of immunizations to early practice/shadowing experience, service-learning and clinical rotations sites.

Upon admission to the AHC academic programs, students are required to submit proof of the following immunizations and vaccinations:

**Required**

- **Measles/mumps/rubella** documentation or positive titre
- **Tuberculosis Skin Test (Mantoux)**
  - AHC students are required to provide documentation of a **two-step** Mantoux test when matriculating into the Academic Health Center. Once enrolled in a school, evidence of an annual Mantoux test or a statement from a provider attesting that the student does not have active tuberculosis (TB) is required.
  - Students who have a positive Mantoux test will be required to complete a chest x-ray. For students not followed by Boynton Health Service, a documented treatment plan will need to be submitted to Boynton Health Service to assure that there is not a risk of transmission to students, faculty or patients.
- **Hepatitis B series** (3 doses) or documented immunity.
- **Past DTP or diphtheria/tetanus** within the last 10 years should be recorded.
- **Varicella Zoster**, positive history, or positive titre (2 doses of vaccine)

An annual influenza immunization and a completed polio series (3 doses) are strongly recommended.

If contraindicated for medical reasons, some of these vaccine requirements will be waived.

Students will be required to file a waiver documenting medical contraindication.

If a student declines an immunization for conscientiously held beliefs (e.g., religious or cultural), he/she must submit a vaccine declination form.

Boynton Health Services is designated as the central data repository for AHC student immunization data and annual Mantoux testing. Students who are noncompliant will not be able to register for an academic year without the appropriate immunizations. Students must carry documentation of immunizations to early practice/shadowing experience, service-learning and clinical rotations sites.

A student’s failure to have all required immunizations and vaccinations may influence the University’s ability to place the student in clinical rotations.

**V. General Information Regarding Prevention and Exposure to Blood Borne Pathogens During Educational Experiences**

All AHC students in contact with patients or potentially infectious bodily fluids will receive information annually about standard precautions, blood borne pathogens, appropriate basic first aid, and the response
procedure portion of this policy. This information will be appropriate to the student’s educational level and the area of professional education. The educational office of the colleges and programs, or a designee will provide the required training.

Effective management of educational exposure to blood-borne pathogens requires coordination among multiple units of the University, Academic Health Center, and rotation sites. It requires training in prevention of injury and in the management of injuries when they occur. While students are not covered by OSHA regulations, the AHC policy is that OSHA regulations will serve to guide decisions regarding student during clinical and community rotations. Therefore, directives will be the same as those provided to employees with occupational injuries and will be developed by the AHC Student Educational Exposure to Blood-Borne Pathogens Task Force.

Experiential educational coordinators in each college and program will assure with the rotation site that students have access to care and first-response prophylactic medication by becoming familiar with facilities and pharmacies in the area of experiential rotations. Students and the BHS will be informed of the access to treatment and prophylactic medications. Preceptors should be familiar with this information and the AHC policies.

Upon arrival at a rotation site, AHC students will seek the information regarding site-specific protocols for managing exposure to blood borne pathogens and be familiar with the AHC protocols for managing education exposure to blood borne pathogens.

AHC students should follow the current protocol for response to educational exposure to blood borne pathogens, listed below.

VI. Prevention of Tuberculosis During Educational Rotations

In accordance with OSHA regulations for health care workers, AHC students will be required to complete mask fit testing. Students will carry documentation of testing and the mask requirements during rotations.

Properly fitted face masks offer protection against inhalation of airborne pathogens. Place a mask before entering a room where there is a risk of respiratory exposure. In the hospital, an isolation card posted at the doorway lists protective clothing and other precautions to prevent exposure to a patient's disease.

Health care workers are required to follow OSHA regulations in caring for persons with active tuberculosis. As a student, you will not be allowed to care for a patient with tuberculosis without proper mask fit testing. Your individual rotation site will provide you with instructions in how to handle this specific situation when it arises. If you have completed mask-fit testing, you should carry documentation of testing and the mask requirements during rotations.

VII. Protocol for Exposure to Blood Borne Pathogens During Educational Experiences

If you are exposed to bloodborne pathogens during an educational rotation, the response time is important—you must be seen by a health professional as soon as possible to determine risk factors. When you are on clinical or community educational rotations, you have support from three sources of help in case of exposure:

- Your preceptor at the site
- Boynton Health Services/UMD Health Services
- Your college or program experiential education director.
On the first day of your rotation at a new site, make sure you become familiar with the site-specific protocols for managing exposure to bloodborne pathogens. Your preceptor can assist you with this information.

The protocol steps listed below should be followed if you are exposed to bloodborne pathogens during an educational experience. We recommend that you carry a protocol quick-reference, wallet-sized card with these steps for exposure information with you during educational rotations. These cards are available in your school.

1. Perform basic first aid immediately as instructed in the student orientations prior to rotations. These instructions are:
   - Clean the wound, skin or mucous membrane immediately with soap and running water. Allow blood to flow freely from the wound. Do not attempt to squeeze or “milk” blood from the wound.
   - If exposure is to the eyes, flush eyes with water or normal saline solution for several minutes.

2. All students on an educational rotation in the State of Minnesota will contact the Boynton Health Service (BHS) 24-Hour Triage Nurse immediately by calling (612) 625-7900 and notify his/her preceptor at the site. The student will identify him/herself as having a blood-borne pathogen exposure.
   - The BHS Triage Nurse will take the student through a rapid assessment about risk status and direct the student where to seek treatment.
   - 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 his/her own injury.
   - Notify your preceptor at the site.
   - With assistance of the BHS 24-Hour Triage 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.

3. Standard employee procedures of the institution where exposure occurs will be used for initial assessment of the source patient (permission form, what blood assays to draw, etc.) The standard procedures typically include the following information:
   - When: Approximate time of exposure
   - Where: Location of exposure (e.g., hospital, office, clinic, etc.)
   - What: Source of the exposure (e.g., blood, contaminated instrument, etc.)
   - How and How Long: Skin, mucous membrane, percutaneous; and how long (e.g., seconds/minutes/hours), exposure time
   - Type of device
   - Status of the patient: negative, positive, unknown HIV/Hepatitis B/Hepatitis C status
     a) Whether or not patient is at risk for HIV, Hepatitis B or Hepatitis C infection
     b) Multiple blood transfusions (1978-1985)
     c) IV Drug User
     d) Multiple sexual partners, homosexual activity
     e) Known HIV positive/and/or have symptoms of AIDS
     f) Significant blood or body fluid exposure

4. If the student is assessed at high risk for HIV infection following rapid assessment, the student should seek prophylactic medication treatment immediately. HIV post-exposure prophylactic medication should
ideally be instituted, (i.e., first dose swallowed), within two hours. During the evaluation, the BHS Triage Nurse will assist students in selecting the most appropriate location for initial treatment.

5. All students (high risk and low risk) with an exposure should complete a follow-up assessment at Boynton Health Services within 72 hours of exposure. This appointment can be scheduled during the initial assessment with the BHS Triage Nurse (612) 625-7900. The costs of prophylactic medications and follow-up treatment will be covered at Boynton Health Services by student fees. Off-campus treatment will be the student’s personal responsibility or covered by the student’s insurance coverage.

6. All students will complete a Boynton Health Service Reportable Educational Exposure Form and Occupational Exposure Forum and mail or carry these completed forms to the BHS for their scheduled follow-up appointment. These forms will be available for the BHS Triage Nurse. **Students must know that blood-borne pathogen exposure and the possible subsequent treatment are treated as an OSHA incident, requiring documentation in a separate restricted access medical record. Confidentiality is assured.**

7. In accordance with the Needlestick Safety Law, the exposed student will receive prevention discussions, counseling and follow-up on the exposure.

**VIII. Mantoux testing (tuberculosis screening):**

The University of Minnesota Medical School requires all entering (matriculating) students to have recorded the result of a Mantoux test at the time of entering medical school or within the past six months, or, in the case of known or identified Mantoux positive individuals, a chest Xray which indicates the absence of active tuberculosis.

Before beginning full time clinical work, in the third year for most students, the Medical School requires that Mantoux testing again be performed and results recorded. Known or identified Mantoux positive individuals must have a chest X-ray which indicates the absence of active tuberculosis.

**IX. Other Infections and Illnesses:**

At times students who become ill with diseases which could be transmitted to patients are not permitted by many hospital protocols to participate in patient care. Examples may include infectious conjunctivitis, active cellulitis, streptococcal pharyngitis, diarrhea from enteric bacteria or active herpes zoster or varicella. Some diseases require additional care to avoid transmission, such as the use of a mask with mild acute respiratory infections, and participation in care is not proscribed. In some circumstances, work with certain classes of patients is not permitted, such as with bone marrow transplant patients when herpes simplex is present. In fact, active herpes simplex ("cold sores") is cause for exclusion by some hospitals from participation in a number of clinical activities, including surgery. Students who experience an illness while on rotation should check with their preceptors for further clarification.

Students who become ill during the course of clinical activities should make certain, through the supervising faculty or, if referred, the employee health department of the institution, that they do not pose an infection hazard to the patients with whom they are in contact.

**X. The Seropositive Student:**

Students who have positive serologic tests which signify potential for transmission of a disease to another, such as Hepatitis B, have the responsibility to assure that no action or activity on their part will jeopardize the health and well-being of patients or fellow workers. This assurance will at times include wearing protective clothing and may at times require the student to request reassignment of patient care
responsibilities. At Fairview-University Medical Center, certain personnel with potentially transmissible viral diseases are excluded from patient care activities until the Medical Center epidemiologist determines that they understand the mechanisms of disease transmission and will take the steps necessary to prevent such transmission.


Page Last Modified: August 27, 2014
University of Minnesota Medical School Policy for Medical Students and Residents with Blood-Borne Diseases

This policy relates to medical students and residents who are infected with one or more of the following blood-borne diseases: Hepatitis C Virus and who are antibody positive, (HCV); Hepatitis B Virus and who are surface antigen positive, (HBV); or Human Immunodeficiency Virus (HIV). It is premised on the understanding that the medical, scientific and legal principles of blood-borne infections are still evolving, and that the University of Minnesota Medical School will respond to the challenges presented by these infections with sensitivity, flexibility, and the best current medical, scientific, and legal information available.

Status, Accommodations and Testing

No student or resident shall be denied acceptance into the medical school or residency programs on the basis of HIV, HBV, or HCV serostatus. Evaluation for admission and continuation in the programs will focus on whether the individual in his or her current state of health, with reasonable accommodations will be able to successfully complete the essential elements of the educational program.

The Medical School will work with the infected student or resident and the University's Office of Disability Services to provide reasonable accommodations where needed. An accommodation is not considered reasonable if it alters the fundamental nature or requirements of the educational program, imposes an undue hardship, or fails to eliminate or substantially reduce a direct threat to the health or safety of others.

No student or resident will be required to undergo HIV testing. It is the responsibility of the individual medical student or resident who suspects that he or she may be at risk for HIV, HBV, or HCV infection to ascertain his or her serostatus. Depending on the requirements of clinical sites, medical students and residents may be required to be immunized against HBV.

Reporting and Confidentiality

Medical students or residents infected with HCV, HBV, or HIV have a professional responsibility to report their serostatus to a member of the Blood-Borne Infectious Disease Review Panel ("Review Panel") in the Medical School. Consistent with the self-reporting requirements imposed on physicians and other regulated healthcare workers under Minnesota law, Minn. Stat. § 214, this reporting obligation shall be mandatory for students and residents infected with HIV or HBV. Failure to self-report is basis for disciplinary action by the Medical School.

The clinical sites where students and residents train also may have reporting requirements depending on the procedures and activities to be performed by the medical student or resident.
Students and residents who wish to perform exposure-prone invasive procedures at a clinical site as part of their education and training must comply with all review, disclosure and infection control requirements at that site. Another potential option that may preserve greater confidentiality for the student or resident is to restructure the clinical experience to avoid participation in any exposure-prone procedures. As outlined below, the Medical School Review Panel will work with the affected student or resident and the clinical site(s) to help shape the appropriate educational experience.

Confidentiality of all information about HIV, HBV, or HCV status will be maintained pursuant to state and federal laws. The individuals who will be informed of the student's or resident's serostatus are members of the Review Panel, designated representative(s) of the clinical site to the extent required by the site's policies, and the Office of Disability Services if the student or resident requests accommodations. Faculty who are providing modifications in the student's or resident's educational program will be informed that the individual has a blood-borne infectious disease, but will not be notified of the particular disease.

**Review Panel**

The members and the chair of the Review Panel will be appointed by the Dean of the Medical School for staggered terms of three years. There is no limit on the number of terms that may be served. The Review Panel will include two members of the full-time University faculty with expertise in infectious disease (ID members) and two members of the full-time University faculty who perform surgical or obstetrical procedures that involve surgical entry into tissues, cavities, or organs (EPP members). The Chair, also a member of the full-time University faculty, may be drawn from any discipline.

Each individual case will be managed by a sub-committee of the panel selected by the chair that includes an ID and EPP Review Panel member well as the Associate Dean for Student Affairs in cases affecting medical students or the appropriate Residency Program Director in cases involving residents. The Associate Dean for Student Affairs will assure that any modifications to the curriculum for an infected medical student have the written approval of the Senior Associate Dean for Education. The Senior Associate Dean for Education will report the modifications to the Committee on Scholastic Standing. In cases involving residents, the Residency Program Director will assure that the head of the training program approves any modifications to the resident's training experience.

Once a member of the Review Panel has been notified, a sub-committee will be chosen by the Panel's Chair.

The ongoing responsibilities of the panel are to:

1. Support the student or resident in receiving satisfactory medical and emotional care and in following treatment recommendations.
2. Ensure that the student or resident is aware of any necessary precautions to be taken in patient care activities to avoid the transmission of the infection to any other person and recommend any modifications in the educational program needed for this purpose.

3. Serve as a liaison with the clinical site(s) to help shape the student's or resident's educational experience.

4. Offer career counseling and specialty selection assistance.

5. Inform the student or resident of possible signs of progress of the disease that might interfere with his or her physical or emotional ability to fulfill patient care or other educational requirements of the MD or residency program.

6. Discuss with the student or resident whether he or she may have participated in patient care activities in which an injury to that student or resident would have led to contamination of a patient with the student's or resident's blood.

All modifications must be approved by the Review Panel as a whole.

The Medical School recognizes that it is possible for an individual infected with HCV, HBV, and/or HIV to practice medicine, and to practice many specialties unimpeded by disease specific restrictions. Therefore the school will provide assistance to any student or resident infected with these diseases to complete their MD or residency program requirements subject to considerations that it deems in its best judgment are appropriate to the circumstances of each individual case.

http://www.med.umn.edu/policies/blood_diseases.php

Page Last Modified: August 27, 2014
University of Minnesota Academic Health Center Immunization Policy

The safety of patients, students, faculty, and staff is the highest priority in the University of Minnesota Academic Health Center (AHC). By AHC policy, students in the AHC schools and programs are required to have current immunizations and/or tests as a condition of enrollment. AHC students in all programs in the School of Dentistry, Medical School, School of Nursing, College of Pharmacy, School of Public Health, and the Center for Allied Health Programs must meet this requirement. Because first year students are expected to have this requirement completed prior to entering AHC programs, I write to inform you how you can assure that you start your academic program in compliance with these requirements. To help you do so, the following information is included in this communication and can be accessed at www.ahc.umn.edu/immunizations:

A. Required Documented Tests and Immunizations
B. Process required to obtain documentation

Veterinary Medicine students are exempt from this policy and will be contacted by the College of Veterinary Medicine regarding the immunizations that are required.

Requirements for health professions are different from those recommended for the general population including undergraduate students. The University’s requirement for health professions students is consistent with those of the Centers for Disease Control and Prevention (CDC) www.cdc.gov/nip, Occupational Safety and Health Administration (OSHA), and Minnesota state law for health care workers. Students cannot be in patient care settings without the required immunization.

A. Required Documented Tests and Immunizations

Students must have and document the following tests and immunizations.

1. Hepatitis B. Document three doses of the vaccine or antibody titre (blood test) results documenting immunity. Note: The Hepatitis B series takes four to six months to complete; therefore, if you have not had this series, you should begin this process as soon as possible to comply with this requirement.
2. Varicella (Chicken Pox). Document two doses of the vaccine or a self-reported history of the disease. If you are unsure whether or not you have had varicella, you may submit antibody titre results documenting immunity.
3. Measles (Rubella). Document two doses after age 12 months or antibody titre results documenting immunity.
4. Mumps. Document two doses after age 12 months or antibody titre results documenting immunity.
5. Rubella (German measles). Document two doses after age 12 months or antibody titre results documenting immunity.
6. Tetanus/Diphtheria. Document most current dose within the last ten years.
7. A two-step tuberculin skin test (TST) test. Documentation of the two-step TST.
   a. This test involves placement of a purified protein derivative (PPD) to test for tuberculosis. It must be read 48-72 hours after placement, and the area of indurations recorded. The AHC requires a second PPD test to be performed two weeks after the first test. This two-step TST needs to be done once.
   b. Annual TST. Documentation of an annual TST. If you have had a two-step TST more than one year ago, you should have a standard TST. Annual TST’s are required each year you are in your program.
8. Chest x-ray if you have had a positive TST. If you have had a positive TST, your documentation must include the results of your follow-up chest x-ray. Once this documentation is submitted, yearly TST is not required.

We understand that many students have not had a two-step TST before. To understand this requirement for health care workers, you can refer to the immunization website (www.ahc.umn.edu/immunizations) and read the section “Why a Two-Step Tuberculin Skin Test?” Currently, 5% of AHC students are testing positive on the two-step TST and require health consultation.

B. Process required to obtain documentation

Once you are admitted to an AHC school or program, you can find a personalized form in your University myU Portal under the tab titled "Health and Wellness" at www.myu.umn.edu. You may download a non-personalized Immunization Form located at the following URL: www.ahc.umn.edu/immunizationform. Print and take this form to your health care provider to complete. A health care provider is defined as a physician (MD and DO), nurse practitioner, physician’s assistant, pharmacist, and registered nurse. Often the information may be required from multiple providers. In these cases, a separate Immunization Form for each provider is the preferred way to complete the documentation. It is highly recommended that you keep a copy of all documentation.

When the form or forms are completed, they must be turned in to Boynton Health Service (BHS). When the BHS staff receives your information, they will review the form and verify whether your immunizations and documentation on the form meet the University standards. Your immunization information will become part of your confidential BHS medical record. Note: review and verification of your immunizations and form will take BHS staff approximately two to five days to process. Turning in the form does not confirm that you are in compliance with these requirements. The forms must be processed and verified by BHS before compliance is confirmed.

Once you are admitted to an AHC school or program, you may check on your immunization status in your University myU Portal under the “Health and Wellness” tab at www.myu.umn.edu.

If you have completed all requirements, you and your school/college will be notified by email of your status. Your school/college will allow you to enroll in classes and clerkships.

If you have not completed all requirements, your school/college will put a hold on your record, including not allowing you to enroll in your classes and rotations.

If you have questions about your immunization status, contact BHS at 612-626-5571 or immunizations@bhs.umn.edu.

As future health professionals, you need to understand infection control for the safety of you and your patients. I appreciate your efforts to comply with these policies.

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Education Council Statement on Institutional Standards of Behavior in the Learning Environment

The medical learning environment is expected to facilitate students’ acquisition of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes is enhanced by and, indeed, based on the presence of mutual respect between teacher and learner. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.

While these goals are primary to the educational mission of the University of Minnesota Medical School, it must be acknowledged that the social and behavioral diversity of students, faculty, residents, and staff, combined with the intensity of the interactions between them, will from time to time lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, physical handicap or age; humiliation, psychological or physical punishment and the use of grading and other forms of assessment in a punitive manner. The occurrence, either intentional or unintentional, of such incidents results in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner. The diversity represented by the many participants in the learning process requires the University of Minnesota Medical School to identify expectations of faculty, students, residents and staff and a process through which concerns can be resolved.

The Education Council of the Medical School is charged with the responsibility for continuing review of the curriculum. This responsibility is taken to mean a continuing review of the process by which teaching and learning take place. In this regard the Council provides the ultimate oversight in relation to acceptable standards of behavior of those in the teaching and learning process.

Whereas the behavior between faculty, graduate teaching assistants, residents, and medical students should at all times be governed by collegiality and respect for individual rights, be carried out through exemplary interpersonal behavior and above all be characterized by adherence to principles which facilitate learning, the Education Council endorses the following procedures/principles:

1. Educational activities shall be organized to promote student learning in a humane manner, which will foster professional growth.
2. Physicians, residents, and medical students shall display mutual respect for colleagues as professionals and individuals and avoid disparaging comments about specialties and other medical centers and institutions that might demean a student's interests and be disruptive to important physician-physician relationships.
3. Methods of evaluation shall reflect course goals and objectives and be accompanied by timely feedback on performance. Performance shall be reported to students in a timely manner.
4. In all cases, students concerned about behavior of faculty and other teachers, which they believe is not in accordance with acceptable institutional standards, shall be encouraged to discuss or submit their concerns to the course director as a first step. This can be done in person or by using the rotation evaluation form as a vehicle for anonymous feedback. Alternatively, the students may wish to discuss concerns with Paul Quie, M.D., Regents' Professor of Pediatrics, whose duties in the Office of Education include serving as a student ombudsperson. Alternatively, the student may discuss the concerns with the department head or with any of the senior administrators in the
Medical School Office of Education. When problems require additional deliberation, the Education Council may become involved.

5. The University of Minnesota has mechanisms currently in operation that provide faculty, staff and graduate students with opportunities to pursue grievances through a formal review process.

6. For concerns relating to sexual harassment, students may contact the Medical School Equal Opportunity Officer, Ms. Mary Tate, at 625-1494.

(Adopted from statement of the Medical School Education Council, April 17, 2001)

http://www.meded.umn.edu/policies/behavior.php

Page Last Modified: August 27, 2014
TO WHOM IT MAY CONCERN REGARDING LIABILITY INSURANCE FOR UNIVERSITY OF MINNESOTA STUDENTS IN THE HEALTH PROFESSIONS

The Regents of the University of Minnesota have purchased a policy of insurance, including insurance against potential professional liability claims, which covers certain University of Minnesota students under specified circumstances.

This professional liability coverage is provided students of the health professions. The coverage applies to post graduate physicians in advanced educational programs, undergraduate medical students and other health professions students at both the undergraduate and postgraduate levels.

It should be noted that this insurance coverage does not apply in settings where a student is not acting in a student capacity ("moonlighting," for example). The coverage extends to such students only when they are engaged in assignments within their course and scope of duties, as such. This includes activities with patients in clinical settings and activities in other affiliated hospitals, clinics and clinical teaching settings. If another policy or policies, agreement or agreements, is available to cover a claim or claims arising out of these activities, the University’s policy will be excess over such other policy’s or policies’, agreement’s or agreements’, exhausted limits. The nature of the professional liability coverage is such that claims arising out of qualified activities in the course of a health professional student’s training will be covered, irrespective of when such a claim is made, without the necessity of the student’s purchasing separate insurance coverage upon leaving the University of Minnesota. Some professional liability policies require the purchase of a second policy, by the insured individual, upon leaving a particular program, owing to the currently prevalent “claims made” policy form. Under the University’s present insurance program, the purchase of secondary or “tail,” professional liability coverage by health professional students leaving the University upon completion of training will not be necessary. Although the University’s professional liability coverage is intended to run perpetually, it should be emphasized that this insurance covers only those incidents which occur during the student’s period of training under University supervision.

The structure of the claims made policy form makes it imperative that any time a student of the health professions becomes aware of an actual or potential claim against him or her, a full account of the circumstances of the incident giving rise to the claim should be immediately reported to the University Counsel for Hospitals and Clinics.

Prepared by the University of Minnesota Property/Casualty Insurance Office- April 1980

Policy Information

Insurance Carrier: Ruminco Ltd.
Policy Number: RUM-1005-99
Policy Term: Ongoing
Limit Per Claim: $1,000,000
Limit Per Occurrence: $3,000,000
Annual Aggregate: $5,000,000
DATE: July 1, 2008

TO: To Whom It May Concern

FROM: Director of the Office of Risk Management & Insurance

RE: Explanation of Insurance Coverages

Information regarding the University of Minnesota's main insurance programs is provided below. This material is intended as a summary explanation of coverages, is for reference purposes only, and is subject to change at any time. Actual policy language will prevail. All coverages except July 1st have a term of one year, unless otherwise noted. Specific questions should be directed to the Office of Risk Management & Insurance at (612) 625-0062 or (612) 624-5884.

The Regents of the University of Minnesota are insured as follows:

**Property Insurance**

The University purchases coverage through the Midwestern Higher Education Compact's Master Property Program. The limit of insurance is $1 billion each occurrence. The primary layers of the program, comprising $500,000,000 in limit, are insured by the Lexington (AIG). The University's deductible is $200,000 each occurrence.

**General & Professional Liability Insurance**

Coverage is through RUMINCO, Ltd., the University's wholly owned captive insurance company, under policy number RUM-1005-08. The policy is a three-year policy expiring on July 1, 2011. The limits of insurance are $1,000,000 per claim and $3,000,000 per occurrence.

**Automobile Liability Insurance**

Automobile Liability is written through RUMINCO, Ltd., the University's wholly owned captive insurance company, under policy number RUM-1001-08. Limits are $400,000 each claim and $1,200,000 each occurrence, which is the tort claim limit set by Minnesota Statute 466.94.

**Workers' Compensation**

The University of Minnesota is self-insured for workers compensation losses with excess coverage provided by the Workers Compensation Reinsurance Association. Employer's Liability, with a limit of $500,000, is carried through an endorsement to the General Liability policy. Sedgwick CMS provides third party administration of the workers compensation losses. Since this program is self-insured, there is no policy or effective/expiration dates.
Preventing and Responding to Sexual Harassment, Mistreatment, and Abuse
It’s All about RESPECT

The University of Minnesota Medical School is committed to maintaining an environment where there is mutual respect between student, teacher and between peers. Behavior that is abusive or mistreats students or others in the learning environment is prohibited.

If students feel that they are, or have been sexually harassed, abused, or mistreated, we encourage you to document the incident and communicate it to:

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Location</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Watson, MD</td>
<td>Associate Dean for Students &amp; Student Learning</td>
<td>B-665 Mayo Bldg. MMC 293</td>
<td>612-626-5812</td>
<td><a href="mailto:drwatson@umn.edu">drwatson@umn.edu</a></td>
</tr>
<tr>
<td>Kathleen Brooks, MD,</td>
<td>Director, RPAP &amp; MetroPAP</td>
<td>A-674 Mayo Bldg. MMC 81</td>
<td>612-626-8788</td>
<td><a href="mailto:kdbrooks@umn.edu">kdbrooks@umn.edu</a></td>
</tr>
<tr>
<td>MBA, MPA</td>
<td></td>
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</tr>
<tr>
<td>Mary Tate</td>
<td>Director, Minority Affairs &amp; Diversity</td>
<td>G-265 Mayo Bldg. MMC 293</td>
<td>612-625-1494</td>
<td><a href="mailto:TateX001@umn.edu">TateX001@umn.edu</a></td>
</tr>
<tr>
<td>Medical School EOAA</td>
<td>Unit Liaison</td>
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<tr>
<td>Office</td>
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<td><a href="http://www.eoa.umn.edu">www.eoa.umn.edu</a></td>
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It is the student’s responsibility to tell the harasser that their behavior makes them feel uncomfortable, and the behavior is unwelcome and you want it to stop. Tell them if the behavior does not stop, you will report them to the appropriate authorities.
UNIVERSITY OF MINNESOTA
BOARD OF REGENTS POLICY
SEXUAL HARASSMENT

Adopted: May 11, 2012
Supersedes: (see end of policy)

SECTION I. SCOPE.

This policy governs the commitment to the prevention and awareness of and response to sexual harassment at the University of Minnesota (University).

SECTION II. DEFINITIONS.

(a) **Sexual Harassment.** Sexual harassment shall mean unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature when:
1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement in any University activity or program;
2. Submission to or rejection of such conduct by an individual is used as the basis of employment or academic decisions affecting this individual in any University activity or program; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive work or academic environment in any University activity or program.

(b) **Retaliation.** Retaliation shall mean any form of intimidation, reprisal or harassment against an individual because the individual has made a report of sexual harassment or has participated in an investigation of sexual harassment by or of a University community member including:
1. Firing, refusing to hire, or refusing to promote the individual;
2. Departing from any customary employment or academic practice regarding the individual;
3. Transferring or assigning the individual to a lesser position in terms of wages, hours, job classification, job security, employment or academic status;
4. Informing another student, staff or faculty member who does not have a need to know that the individual has made a complaint or participated in an investigation of a complaint of sexual harassment;
5. Impeding the individual's academic advancement in any University activity or program.

(c) **Member of the University Community.** Member of the University community shall mean any University faculty member, student, staff
member, visitor or other individual engaged in any University activity or program.

SECTION III. GUIDING PRINCIPLES.

The following principles shall guide the commitment of the University for the prevention and awareness of and response to sexual harassment:

(a) Consistent with its academic mission and standards, the University is committed to achieving excellence by working to create an educational, employment and residential living environment that are free from sexual harassment.

(b) The University is committed to preventing and eliminating sexual harassment of faculty, staff and students through education and by encouraging all members of the University community to report any concerns or complaints about sexual harassment.

(c) As a community of faculty, staff and students engaged in research, scholarship, artistic activity, teaching and learning or activities that support them the University seeks to foster an environment that is equitable, humane and responsible and where all members are treated with dignity and respect.

SECTION IV. IMPLEMENTATION.

The University shall:

(a) Prohibit sexual harassment or retaliation.

(b) Ensure that department heads, deans, provosts, chancellors, vice presidents, and other supervisors and managers take timely and appropriate action when they know or should know of the existence of sexual harassment. Other persons who suspect sexual harassment should report it to an appropriate person in their unit or to the University equal opportunity officer.

(c) Adopt procedures on each campus for investigating and resolving complaints of sexual harassment in coordination with the director of equal opportunity and affirmative action.

(d) Address violations of this policy through disciplinary or other corrective action up to and including termination of employment or academic dismissal.

SECTION V. MONITORING.

The president or delegate shall address complaints of sexual harassment consistent with this policy and law and remedy any discriminatory or harassing practice that deviate from this policy.

SUPERSEDES: SEXUAL HARASSMENT DATED SEPTEMBER 11, 1998

Page Last Modified: August 27, 2014
University of Minnesota Medical School and School of Medicine Policy on Student Mistreatment

### Contacts

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Watson, MD, Associate Dean for Students and Student Learning</td>
<td><a href="mailto:drwatson@umn.edu">drwatson@umn.edu</a>, 612-626-5812</td>
</tr>
<tr>
<td>Mary Tate, Director Minority Affairs and Diversity</td>
<td><a href="mailto:tatex001@umn.edu">tatex001@umn.edu</a>, 612-625-1494</td>
</tr>
<tr>
<td>Office of Equal Opportunity and Affirmative Action</td>
<td><a href="http://www.eoaffact.umn.edu/">http://www.eoaffact.umn.edu/</a></td>
</tr>
</tbody>
</table>

Report mistreatment/harassment incidents here:

https://www.meded.umn.edu/apps/mistreatment/

### Mistreatment in the Learning Environment

The University of Minnesota Medical School and School of Medicine are committed to maintaining an environment where there is mutual respect between student, teacher, and between peers. Behavior that is abusive or mistreats students or others in the learning environment is prohibited.

Examples of inappropriate behaviors are:

- Physical punishment or physical threats
- Sexual Harassment
- Discrimination based on race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression
- Repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges)
- Grading used to punish a student rather than evaluate objective performance
- Assigning tasks for punishment rather than to evaluate objective performance
- Requiring the performance of personal services
- Taking credit for another's work
- Intentional neglect or intentional lack of communication

### Resources for Counseling, Advice and Informal Resolution

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, lab director, course director, residency training director, division chief, department head, dean or director. The assistance provided may include counseling, coaching or direction to other resources at the Medical Schools. Students are encouraged to report possible sexual, racial, or ethnic discrimination, including harassment, to the Office of Equal Opportunity and Affirmative Action.

### Process for Handling Allegations of Mistreatment
Prior to filing a formal complaint, the individual may attempt to resolve the matter directly with the alleged offender. Violations of this policy fall within the scope of the Board of Regents Student Academic Grievance Policy, which provides mechanisms for both informal and formal resolution of complaints. Any complaint alleging discrimination in the University/student relationship, other than sexual harassment, may be filed either under the Student Academic Grievance Policy or with the Office of Equal Opportunity and Affirmative Action, but not both. In addition, actions can be taken under the Student Conduct Code against students committing harassment or other violations of the conduct code. Allegations of sexual assault are handled under the University Policy on Sexual Assault/Relationship Violence.

http://www.meded.umn.edu/policies/mistreatment_tc.php

*Page Last Modified: August 27, 2014*
Dear (Residency Director):

1. (Student Name) is a senior medical student at the University of Minnesota Medical School. He/she spent academic year with me in , Minnesota as a participant on the Rural Physician Associate Program. (Expand somewhat on your role as preceptor.)

2. Include some biographical information on your student:
   a. personality characteristics
   b. hobbies and activities (briefly)

3. Give your opinion of the student’s capabilities and competence as a physician, list strengths and weaknesses, and then give your recommendation of the student as a prospective resident. Generally, the length of the letter should be 1-1/2 to 2 pages.

4. Closing.

NOTE: The University of Minnesota participates in ERAS — the Electronic Residency Application Service. The following page includes information students should share with RPAP preceptors.
Guidance on Constructing Letters of Reference
for RPAP Medical Students Applying to Residencies

Preparation

- **IN GENERAL** – Be honest with the student about whether you can write a supportive letter of recommendation. Sometimes the kindest, most responsible thing we can do for a student is to refuse to write a letter of recommendation. Make sure before you commit to write it that you believe you know the student well enough to write a strong letter. Remember we write letters as a professional courtesy and because others wrote them for us, not because we need the student’s gratitude. It is a service to our profession.

- **COLLECT INFORMATION** – Find out as much about the candidate for whom you are writing as possible. Ask for their current CV. Meet with the student to discuss career goals, programs to which they might apply and other pertinent information. Ask them their opinions of their accomplishments and shortcomings. Such a discussion fosters honesty and can allow including the student’s self-reflection as part of the text.

Letter Content

- **LENGTH OF THE LETTER** - Don’t make the letter too short, because it will give the reader a negative impression of the candidate. Letters of recommendation should be between one and two pages. The more detail in the letter, the more persuasive. Short letters with no detail carry no weight and can have a negative impact.

- **INTRODUCE YOURSELF AND THE CANDIDATE** – The following is described by residency program faculty as key information. Begin the letter by describing how you know the candidate and for how long. Stating that you have worked with the student through the RPAP program during the nine months the student was in your community is an important fact to include. Briefly state your own qualifications/background and describe your practice so people who don’t know you can decide whether to trust your judgment. Give context to your relationship with the student. Typically in RPAP you have had the opportunity to work with a student more intensively and for longer than in more traditional medical education settings. That makes your assessment much more valuable and it is imperative you describe this. If you have had a number of students with you in the past, mention this so it is clear you have some measure to compare this student with others.

- **GENERATING DETAIL** – Give meaningful examples of achievements and provide stories or anecdotes that illustrate the candidate’s strengths. Don’t just praise by using generalities (such as “quick learner”) but say what the candidate did to give you that impression. Research shows that the specificity of the examples used in a letter enhances the perceived credibility of the writer, in some cases even more so than numerical data. These details will show you have a strong relationship and also bring the candidate alive on the page. Comparing the student to others, details of what your colleagues think of the student, what patients think and discussing the student’s contribution to the healthcare team are ways to present concrete examples.

- **TALK ABOUT PERSONAL ATTRIBUTES** – Tie your examples directly to traits and qualities that residencies seek, such as initiative, aptitude, willingness to learn, scholarship, enthusiasm, leadership, self-motivation, communication skills, and ability to work with others.

- **MAKE IT MEMORABLE** – Put something in the letter the reader will remember, such as an unusual anecdote, or use an unusual term to describe the candidate. This will help the application stand out from all the others.
• BEWARE OF WHAT YOU LEAVE OUT – remember that what is not said in a reference letter can be just as important as what is said. If you don’t mention a candidate’s leadership skills or his or her ability to work well with others, for example, the letter reader will wonder why.

• AVOID TOO MUCH PRAISE – Though by definition a recommendation letter will always be complimentary and flattering, recommenders serve their students best by writing a letter where superlatives are backed up by demonstrative examples, and where statistics about student ranking or quality are used with consistency and great care. Carefully worded weaknesses or deficiencies can add balance and credibility to a letter. Faculty can effectively recommend students even while acknowledging areas where growth is needed.

• AVOID GENERIC PHRASES – “I recommend him highly and without reservations”, “one of the best students I ever had” and others may be necessary to assure the reader that you have no concerns in your recommendation, but at the same time are used so often that they may become less notable. A more creative and meaningful approach is to use sentences of more substance that fit the circumstances and the student directly. “I think he would be an excellent candidate for your residency program and I enthusiastically endorse his application” or “She will be a rare catch for any residency program, and I will watch her career develop with great interest and high expectations” are examples.

Closing the Letter

• A final statement summarizing your enthusiasm for the candidate is often very useful in focusing the reader’s attention on your conclusions and your excitement for the candidate.

• Conclude the letter by offering to be contacted should the reader need more information or have questions. Sign off with “sincerely” or something similar then put your handwritten signature beneath. Include your typed name and title on separate lines beneath that. Your title connects you to the student directly and affirms your credibility and affiliation. If you have a clinical adjunct appointment, use that title. Be sure to use the title “RPAP community preceptor” also. Many writers include the initials of their degrees as well, and many include their phone number and e-mail address under their title to facilitate easy follow-up contact.