Rural Physician Associate Program
Preceptor Guide

2018-2019

University of Minnesota

Medical School

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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

The learner will:

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.

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The Student's Role

RPAP students are first and foremost students. They 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 eight weeks of Medicine and two-week bursts of inpatient experiences in Obstetrics and Gynecology, Pediatrics, and Psychiatry prior to arriving in the community.

Throughout the 9 months of the program, a student should learn how to evaluate and care for a broad mixture of medical problems that are seen in primary care settings. 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, and complete the on-line curriculum for **1 to 2 hours per day during regular clinic hours or half to full day per week**. 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.

Clinical Clerkships During RPAP

Required Clerkships: 36 credits	
Primary Care Introduction (first 5 weeks)	Pediatrics (2 weeks)
Primary Care Intermediate (5 weeks)	OB/GYN (Women's Health) (2 weeks)
Primary Care Advanced (last 8 weeks)	Psychiatry (Behavioral Health) (2 weeks)
Surgery (8 weeks—can be 6 weeks general plus 2 weeks of Anesthesia, ENT, Orthopedic, Thoracic, or Urology or 8 weeks of general surgery)	Emergency Medicine (4 weeks)

RPAP students complete at least 18 weeks of primary care medicine with their primary preceptor and partners. Primary care time can be spent in ambulatory settings, hospital, nursing home, home visits, etc. During the beginning 5 week time the student is oriented by you to your practice, the community and your patients. The last 8 weeks allow for an opportunity to deepen their primary care continuity experience, and explore any remaining identified areas of interest. The other 5 weeks are apportioned during the nine months in a combination of specifically scheduled primary care weeks and "threaded" time where students participate in primary care at least **½ day every week** to have continuity with their primary preceptor's patients. Please see the RPAP Learning Contract for more information on how to schedule these requirements.

In addition, student's complete requirements for a number of additional clerkships while on RPAP. All student's complete requirements for Surgery, Emergency Medicine, and with either through primary care or a specialist—two weeks of pediatrics or well child visits, women's health, and behavioral health.

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 that 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. The educational literature shows that students retain their learning best when they weave their clinical experiences across disciplines.

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 *BlackBag* site they access lectures and presentations required 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 to 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.

Student Orientation (First 4 Weeks)

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

- Discuss mutual expectations for the 9 months of RPAP. 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.

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.

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 and physical, developing a differential diagnosis and managing common illnesses. 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 email you a link 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.*

RPAP Learning Contract 2018-19

to be completed online

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

Student: Open your Google calendar. Tell your primary preceptor the date of all of your visits AT YOUR SITE (CS1, SFV, CS2). We would like your preceptor to be available to talk with RPAP core faculty during all of these visits.

The student is in your community for a total of 36 weeks. He/She completes 34 weeks of clerkships. Remember that some of this time is dedicated to exams, online curriculum, and ILT (independent learning time) – it is not all have to be in clinic.

The primary care clerkship experiences of RPAP are "threaded" in the following way:

Primary Care Introduction: 6-8 half-days/week of clinic/inpatient service during the first 4 weeks (October-Nov)

Primary Care Intermediate: 50 half-days of clinic/inpatient service between November and mid-May

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

The specialty experiences of RPAP can be scheduled in any number of flexible ways, as long as the following minimum exposure occurs over the 9 month experience:

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

Psychiatry: 20 half-days over the 9 month experience

Pediatrics: 20 half-days over the 9 month experience

Emergency Medicine: 10-12 shifts, including call at least one night/week and 1 weekend per month

Surgery: 8 weeks of surgical experience; at least 6 weeks must be in General Surgery, up to 2 weeks can be spent in a surgical subspecialty

Inpatient Care: students should have 4 to 6 weeks total over their 9 months, during their Primary Care experiences (depending on your rounding system, this may be with morning inpatient rounds or in 1-2 week chunks with a hospital rounder)

Please note that while students will likely spend time with non-physician providers, all experiences need a final student evaluation by a supervising physician MD or DO. Pediatric, OB/GYN and Psychiatry experiences may be completed with a specialist or with a Family Medicine physician.

Be sure to plan for the following when setting up your 9 month schedule:

- Weekly time for continuity in the primary care clinic (1/2 day per week)
- Weekly time for reading and curriculum work (1/2 day per week)
- Monthly feedback between student and Primary Preceptor
- Vacation (up to 10 days)
- Independent Learning Time (up to 10 days)
- Call responsibility (average 1 night/week and 1 weekend day/month)

For each clerkship, complete the following information:

Who will you work with in this specialty area?
Preceptor Name:
Primary Practice Location:
Preceptor Email (if known):

Describe how you will complete this work - time of year and format. For example:

- Tues PM every week Oct-Jan with Dr. Jones (threaded)
- 8 1/2 days per week in February with Dr. Jones (blocked)
- blocked in January, threaded on Tues and Wed in Feb and March (combination)

During immersion experiences with specialties outside of primary care, how will you ensure continuity with your primary care clinic? (Minimum ½ day per week). Consider how you will best align with a patient panel.

Weekly time scheduled for study:
Please designate a half day each week (M-F, 8-5) when you will complete readings, curriculum assignments, and project work. This might not be "blocked" during specialties like Surgery, but be sure to create time for reading and study. This is a time-budgeting tool; your schedule can be flexible.

Arrangements for Formative Feedback and Educational Time with Primary Preceptor:
Identify and describe potential times to meet with preceptor at least monthly (touch base on student progress, relate reading to clinical care, review PBL, discuss modules etc.)

Vacation/ Independent Learning Time planning:
2 weeks of vacation (10 days) are provided in addition to national holidays (Thanksgiving, Christmas, New Year's Day, MLKing Day, Memorial Day) – these 2 weeks off are part of the RPAP timeline; Up to 10 days of ILT are provided (out of the clinic to work on academics) – these will come out of Primary Care Int/Adv clinical time. Please discuss when/how you will schedule this around the clinic schedule and your specialty experiences.

Call Responsibilities:
Describe when and where call is taken with Primary Preceptor and other preceptors. Students are encouraged to be a part of the call experience. Typically, students should take call 1 night/week and 1 or 2 weekend days a month.

Community Health Assessment:
Discuss initial ideas now. Work on a timeline in the coming weeks with your preceptor.

Student's Interest Areas with Plans for Exposure:

Ideas for Integrating experiences in healthcare leadership, finance, and administration:
Quality Improvement Committee, Clinic Operations Committee, Emergency Medicine or Obstetric Department Meetings, Medical Staff Meetings, etc.

CME by the American Academy of Family Physicians

Can I get CME credit for teaching students?

You may report credit for teaching health professions learners. However, a maximum of 60 AAFP Prescribed credits may be reported during a three-year re-election cycle. Teaching is also considered a live activity.

Can you provide examples of AAFP Prescribed credit?

Examples of AAFP Prescribed credit include:

- Instruction of health professions learners in formal individual (e.g., preceptorships) or live educational formats

Preceptor Guide "ONE PAGER"

Thank you for agreeing to teach a RPAP student. This guide will help you and the student create the best educational learning environment.

First, remember you are a **role model** to the student. Your actions and words impact the students in deep ways that often last a lifetime.

On the first day, **describe your practice** to the student. Take time early in the student's experience to explicitly address your clinic's care process, including EMR, results notification systems, referral systems, and collaboration with other Health Professionals (MAs, Nursing, Pharmacy etc.). This early investment will empower your student to facilitate patient care.

Students are expected to **make initial patient evaluations independently**, which includes gathering history by patient interview, reviewing pertinent records and results, performing an appropriate physical exam, and developing an initial differential diagnosis, diagnostic, and treatment plan.
An efficient way to incorporate this comprehensive student experience into your busy clinical practice is to have the student perform the initial assessment for a selection of your patients, then "precept"/present the patient history, assessment, and proposed plan to you **IN THE PATIENT'S PRESENCE**. See the next page for an outline of the "SNAPPS" Model for student case presentations.

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

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

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

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

Set aside time each day to **review progress** and answer any questions. This can be as short as 5 minutes if you are particularly busy. If you are with the student for more than a week, set aside a weekly debrief session of about 15 minutes. Specific, actionable, formative feedback is essential to your student's development.

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

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

*Call the RPAP office (612 -624-3111) if you have **significant concerns** about a student.*

How to help your students do a Great Case Presentation: The SNAPPS Model

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

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

The steps in the model are:

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

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

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

We hope you have an enjoyable time teaching, we thank you for your efforts, and we welcome any feedback on ways to enhance the education of RPAP students; rpapumn@umn.edu, 612-624-3111

Planning Student Activities

- Integrate students into "day-to-day" practice activities in a way that stresses continuity of care.

- Schedule regular student reading time for 1-2 hours daily or a half to whole day each week.

- Schedule students for call when you're on call. 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, Surgery, and Pediatrics or OB/Gyn). During these visits, they do formal and informal oral case presentations, selecting 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 poster presentation.
    - Completion of significant online reading assignments for each of their clerkships.
    - Active involvement in the RPAP Addiction Medicine Curriculum—1 hour twice a month at noon.

  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 2 weeks of vacation (10 working days) to be taken at a time that is mutually agreeable to the student and the preceptor. Students may choose to schedule their vacation to coincide with campus holidays. Student vacations may not conflict with the regularly scheduled RPAP visits.

RPAP Projects

RPAP students must complete two projects during the nine months:

1. The Evidence-based Medicine project is a requirement. Black Bag 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 Black Bag site with all the other 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 Visits and Specialty Faculty Visits

Preceptors are encouraged to participate in the various RPAP faculty visits to their site. The RPAP faculty welcomes your presence when possible. Sessions generally begin about 9:30 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. **It is important that the preceptor or co-preceptor plan to spend 30-45 minutes with the RPAP faculty. Often this can be accomplished over lunch in the clinic.** These two visits are scheduled at the beginning of academic year (in late October, November, and December) and at the end of the year (in May and June). Please note that these visits are flexible to meet the needs of the preceptor, core faculty, and student. A typical example of the Communication Session Visit #1 is as follows:

Communication Session Visit #1 (late October, November, or December)

9:00 – 9:30 AM	□ Student and core faculty meet to solidify the expectations and timeline for the day. □ Discuss student's EMR access: students should be able to review patient records and document some visits. If not, email the office with concerns. □ Review CS grading rubric form (discuss grading guidelines)
9:30 – 11:00 AM	□ Videotaped student/patient interview. o Preferred patient would be chronic disease management and/or multiple issue visit. □ Review student documentation; feedback □ Core faculty observe the student and preceptor interaction/precepting
11:00 AM – 12:00 PM	□ Review video; give student feedback

12:00 – 12:45 PM	□ **Student, core faculty, and primary preceptor meet over lunch**: o Review the 9 month Learning Contract (student will bring a copy) o Review course Objectives and Procedural Skills lists (student to print and bring copies) o Discuss precepting style and tips (precepting with patient) o Review any new opportunities or challenges for the clinic/hospital
12:45 – 1 PM	□ Primary preceptor and core faculty discuss student/site feedback privately
1:00 – 2:30 PM	□ Student and core faculty discuss RPAP curriculum: o Community Health Assessment – discuss student ideas o Evidence Based Medicine – discuss student questions o Professional Team Assessments □ Student and core faculty discuss site/preceptor feedback privately □ Take PHOTOS! We would love to have pictures of the student, preceptor, faculty, and clinic.

Communication Session Visit #2 (May-June)

9:30 - 10:00 am	Faculty and student meet to discuss the day
10:00 am - Noon	Faculty observation of 2-3 student-patient encounters and review of medical records dictations.
Noon-1:00 pm	Lunch with the preceptor (if available) and student.
Noon - 3:00 pm	Student, core faculty, and primary preceptor meet over lunch. This is an opportunity for students to visit with core faculty in one-to-one "debriefing" sessions, discussing their RPAP experiences and any questions they may have regarding residency specialty choice, etc.

<u>Specialty Faculty Visits (January-April, once each month)</u>

- Specialty Faculty Visits are the second type of visit. Students will be assigned in cohorts of 4-5 students for <u>Specialty Faculty Visits</u> and will meet 4 times during the year at various community locations for these educational sessions. These visits are scheduled once each month during January, February, March, and April. Specialty Faculty Visits include doctors in Family Medicine, Internal Medicine, Surgery, Obstetrics and Gynecology or Pediatrics.
    - If your student is hosting the Specialty Faculty Visit, they are responsible for making local arrangements for meeting space and food for the cohort and the faculty/staff. Over lunch, the specialty faculty member will present a lecture or discussion on a topic within his or her area of expertise. Your clinical staff are encouraged to attend. Notices should be posted for the visiting faculty noon lecture.
    - Please note that these visits are flexible to meet the needs of the site, preceptor, core and specialty faculty, and students. A general example of the Specialty Faculty Visit Agenda is as follows:

9:00 - 9:30 AM	Core and Specialty Faculty arrive at community. Students will transport faculty from and to the community airport if traveling by plane.
Arrival - Noon	3 students present formal patient cases and the group discusses case management options.
12:00 - 1:00 PM	Luncheon and Specialty Faculty presentation/discussion. Local healthcare professionals are welcome to join.
1:00 – 3:00 PM	Remainder of student presentations (formal and informal). Remaining time include informal discussion about the visiting faculty's specialty, residency applications, patient populations, and recent cases. Hospital/Clinic Tour (15 minutes)

University of Minnesota RPAP Faculty Visit Evaluations

Communication Session Visits: Evaluated Skills

- Creates rapport
- Elicits all of the patient's concerns
- Plans the visit with the patient
- Elicits the patient's perspective
- Addresses impact on patient's life
- Demonstrates empathy and nonverbal communication
- Makes an empathic statement
- Delivers diagnostic and examination information in easily understood language
- Uses the Electronic Medical Record effectively
- Addresses the patient's main concerns when discussing clinical recommendations and plans
- Involves patient in decision making
- Uses Motivational Interviewing skills when applicable
- Demonstrates case presentation skills/documentation

Specialty Faculty Visits: Evaluated Skills

- Oral Case Presentation
- Use of Clinical Sources
- Diagnosis
- Therapeutic Plan
- Academic Sources
- Participation
- Professional Integrity

Evaluating Your Medical Student

You (and any other physician precepting the student) must complete an on-line performance evaluation on the student for each clerkship. Please include comments where appropriate within the evaluation. ***This evaluation constitutes the majority of the 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. 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. Directions are on the following page.

All evaluation must be completed by the end of RPAP. 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.

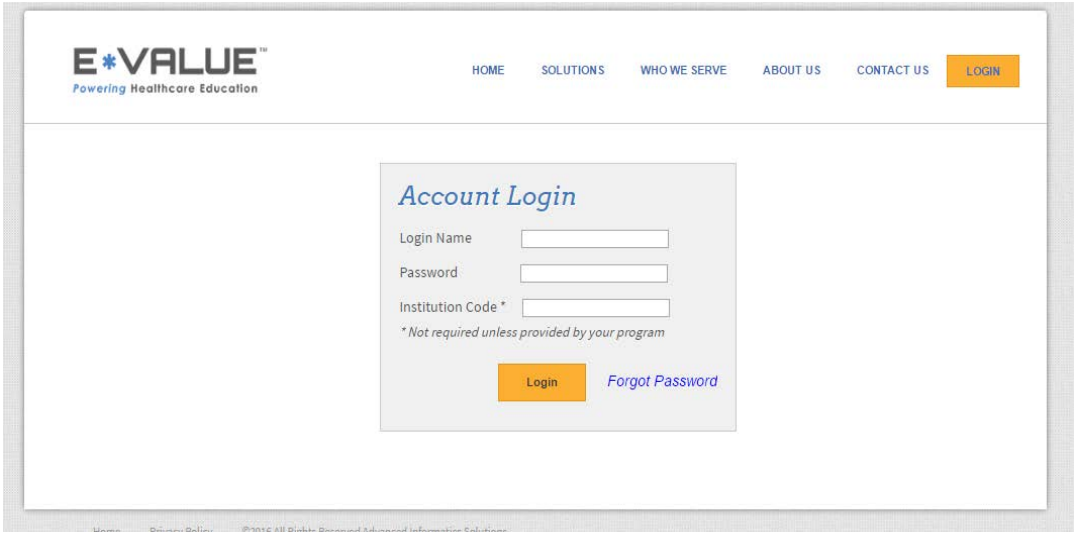
- Don't over-rate or inflate the grade of the student. Being an average student is no failure!

- 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.

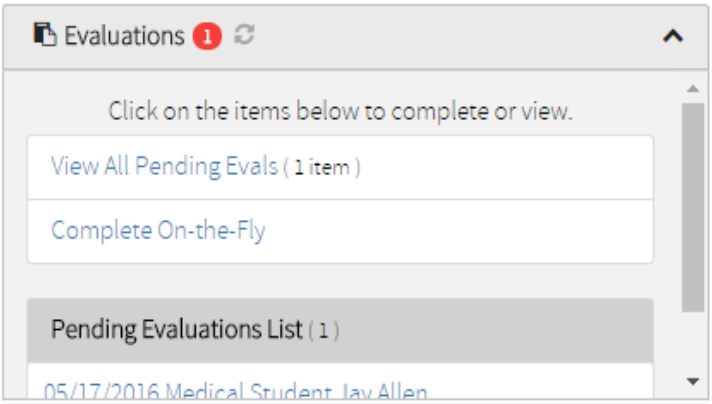
- It is best to be honest with the student and NOT do the "sandwich" technique where negative feedback is given between two "layers" of positive feedback.

E*VALUE Directions for Educators

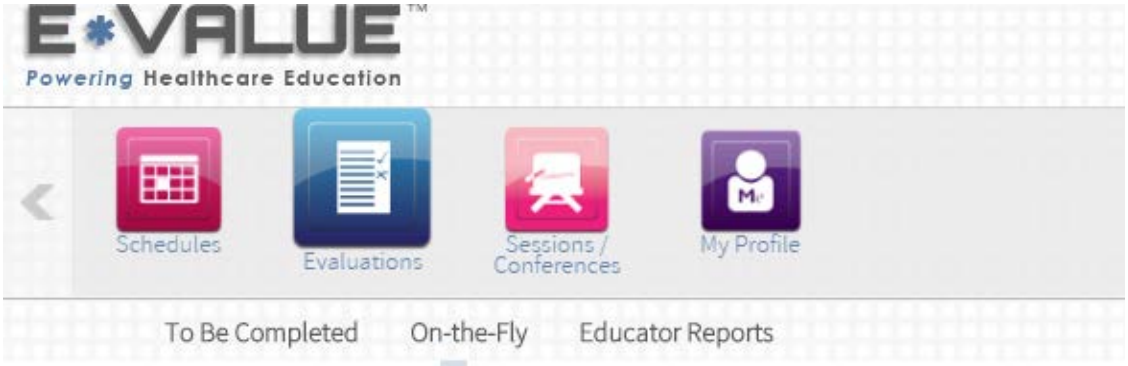
1. **When you are initially assigned an evaluation, you will receive an email with a link to the site. However, you always have access to the system**
   a. **Go to www.e-value.net and log in with your username & password for E*Value (no Institution Code required). If you need your login information, please contact your coordinator, or [med-eval@umn.edu.](mailto:med-eval@umn.edu) *You can also use the "Forgot Password" function.***



2. **On your home screen, you will see an "Evaluations" box that will alert you if you have any evaluations to complete**



3. **You also have the option of using the blue "Evaluations" icon at the top of the page and then choosing "To Be Completed"**



4. **If you have any evaluations in queue in which you did not interact with the student, you can SUSPEND these evaluations. Suspended evaluations will not count against your evaluation completion compliance.**
    a. To suspend an evaluation, choose the "To Be Completed" icon and then click the "Suspend" link next to the specific evaluation

Activity:	MED 7900 Sub-Internship in Critical Care: UMMC - Fairview, MICU			Site:	University of Minnesota Medical Center	
Period:	Period F3 Beginning			Time Frame:	10/19/2015 through 11/01/2015	
Edit/Status	Suspend	Evaluation Type(s)	Subject	Request Date	View Image	View Printable Evaluation
Edit Evaluation	Suspend	Medical Student	[redacted]	11/13/2015	View Picture	View/Print

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

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

B. E/M Service Documentation Provided By Students
Any contribution and participation of a student to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements set forth in this section for teaching physician billing.
Students may document services in the medical record. However, the teaching physician *must verify in the medical record all* student documentation *or* findings, *including history, physical exam and/or medical decision making. The teaching physician must personally* perform *(or re-perform)* the physical exam and medical decision making activities of the *E/M* service *being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.*

Medical Student Doing Histories and Physicals

The Joint Commission: Standards Interpretations FAQs
https://www.jointcommission.org/

History and Physical - Medical Student

Q: Is it acceptable for a medical student to perform and document a history and physical in the medical record?

A: A medical student has no legal status as a provider of health care services, therefore, a medical History and Physical (H&P) conducted by a medical student would not fulfill the requirements. A practitioner who has been granted privileges by the hospital to do so is required to perform patient medical history and physical examinations and required updates.

Organizations that use Joint Commission accreditation for deemed status purposes may find it helpful to review the CMS Conditions of Participation that address practitioner responsibilities for completing H & Ps. The organization's individual responsible for accreditation and regulatory compliance should have access to the CMS State Operations Manual (SOM) that contains this information. It is also available by searching the internet.

Under certain circumstances, and as permitted by state law and policy, the organized medical staff may choose to delegate or allow individuals who are not Licensed Independent Practitioners to perform part or all of a patient's medical history and physical examination under the supervision of, or through appropriate delegation by, a specific qualified doctor of medicine or osteopathy who is accountable for the patient's medical history and physical examination. The definition of an LIP can be found in the glossary of the organization's accreditation manual.

Services Provided and/or Documented by Medical Students

Applicable to: Fairview, HealthEast, and UMPhysicians Clinical Locations

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

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

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

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

Required Teaching Physician Attestation
When medical students document an E/M service in which they participate, teaching physicians (or residents) do not need to re-document the performance of their own activities, but there must be documentation to establish that the above requirements were met. This documentation can be accomplished with attestations that affirmatively attest to meeting the requirements. Appropriate attestations for different supervisory scenarios are detailed below. (Note: The attestations reflect minimally acceptable documentation; additional information may be added.)

A. Scenario #1: Medical Student with Teaching Physician
The teaching physician documents his/her physical presence and involvement in the service:
"I was present with the medical student who participated in the service and in the documentation of the note. I have verified the history and personally performed the physical exam and medical decision making. I agree with the assessment and plan of care as documented in the note." Signed & Dated: Dr. Teaching Physician

B. Scenario #2: Medical Student with Resident
The resident documents his/her physical presence and involvement in the service:
"I was present with the medical student who participated in the service and in the documentation of the note. I have verified the history and personally performed the physical exam and medical decision making. I agree with the assessment and plan of care as documented in the note." Signed & Dated: Dr. Resident
AND

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

Medical Student Documentation

- While the final note may be filed in the electronic medical record under the name of the teaching physician, the medical student's original authorship of the note should be indicated in the record by the medical student including his/her name and status in the content of the note.

- Although not required, the medical student also may include a statement indicating the presence of the teaching physician or resident, such as the following: *"I, Jane Doe MS4, saw and examined the patient in the presence of Dr. Teaching Physician/Resident."*

Personal Presence Requirement

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

Additional Guidance:

- Standardized attestations are available as Smartphrases in the Epic attestation menu.
- See the Epic Tip Sheets for instructions on inpatient and ambulatory workflows for forwarding and signing student and resident notes and adding teaching attestations.
- Because Advanced Practice Providers (APP's) do not meet the definition of a Teaching Physician, medical student and resident documentation cannot be used to support the billable services of those providers. APP's must independently document heir services.

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

Resources for Preceptors

Accessibility verified 10/31/18

MN Medical Association: Review the Community Preceptor Toolbox, created in conjunction with the Medical School. http://www.mnmed.org/advocacy/Key-Issues/MMA-Preceptor-Initiative

Medical Educator Development and Scholarship (MEDS): Review the Medical Educator and Scholarship website at https://hub.med.umn.edu/medical-education/medical-educator-development-and-scholarship-meds to find workshops and on-line resources that may be useful to you in clinical teaching."

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

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

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

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

Medical Bulletin, http://www.med.umn.edu/news-events/medical-bulletin
The Medical School's award-winning magazine, Medical Bulletin, is published twice a year by the University of Minnesota Foundation.

BRIEF, http://brief.umn.edu/home
Weekly internal news digest for all campuses.

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

Minnesota Daily, http://www.mndaily.com/
The Minnesota Daily is an entirely student produced and managed newspaper serving the University of Minnesota campus and surrounding community.

RPAP Website, http://z.umn.edu/rpap
Information on our program and faculty.

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

Adjunct Faculty Benefits

The RPAP programs encourage Primary Preceptors to apply for adjunct faculty appointments at the University of Minnesota Medical School in the Department of Family Medicine and Community Health.

Below we list some of the benefits that are available to our adjunct faculty. Please contact our office at rpapumn@umn.edu if you are the Primary Preceptor and wish to apply for an adjunct faculty appointment.

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

U of M Email / UCard for Access 612-626-9900
A University of Minnesota email account and X500 ID is generated by the central Office of Information Technology. To activate your university email account contact the Office of Information Technology. http://it.umn.edu/services/faculty-staff/getting-started-guide

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://ucard.umn.edu/umtc/home or (612) 626-9900

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.

Bio-Medical Library (612) 626-5653
Web site: https://hsl.lib.umn.edu/biomed
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
Room 454-19
717 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: http://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: http://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—Hardware & Software at a Discount (612) 626-4276
Web site: http://it.umn.edu/hardware-software-purchasing
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 Professional Development (CPD) (612) 626-7600
Web site: http://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.

University of Minnesota Libraries, https://www.lib.umn.edu/about/
Welcome to the award-winning University of Minnesota Libraries, one of the University's and the state's greatest intellectual assets.

Our expert librarians can connect you with the resources you need . . . from the millions of volumes held in our general collections to the treasures of our archives and special collections, from tools to enhance your productivity to programs and services to help you expand the reach of your research.
Whatever you're looking for, look to us to be your partners in learning, teaching, and research.

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) 626-9660
Web site: http://www.bellmuseum.umn.edu
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: recwell.umn.edu/facilities/index.php
A membership in Recreational Sports provides usage access to both Minneapolis and St. Paul facilities. Membership rate information may be found at http://recwell.umn.edu/membership/rates.php. 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.

POLICIES

University of Minnesota Medical School
Competencies Required for Graduation

The University of Minnesota Medical School organizes its competencies into nine domains of knowledge, skills and attitudes. These domains and competencies are adapted from the AAMCs Physician Competency Reference Set and align with the core ACGME competencies. This alignment will promote continuity of learning and assessment from medical school to residency and beyond. Demonstration of proficiency in each of these competencies is a requirement of graduation.

The nine domains represent the highest, broadest tier of the hierarchical structure used to organize curricular priorities. Each step below the top domain level narrows in scope:

I. Domains of competence
   A. Subject-related competencies
      1. Course goals
         a. Session objectives

The domains and their competencies are illustrated below. Course and session objectives, too numerous to display here, are mapped to competencies and domains in an interactive tool available to students, faculty and staff.

The building blocks of our medical education programs are specific, measurable learning objectives. These objectives are categorized under the more broadly defined competencies. The competencies, in turn, roll up under the umbrella of the nine domains of competence. Collectively, these three tiers represent the building blocks of the competency-driven learning strategy.

The Nine Domains and Their Associated Competencies

Patient Care
Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Knowledge for Practice
Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Practice-Based Learning and Improvement
Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Interpersonal and Communication Skills
Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Systems-Based Practice
Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Professionalism
Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Interprofessional Collaboration
Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

Personal and Professional Development
Demonstrate the qualities required to sustain lifelong personal and professional growth.

Scientific and Clinical Inquiry
Demonstrate understanding of scientific theory and methodology and the critical thinking skills needed to interpret and apply research to improving patient care.

These may be reviewed at:
https://www.meded.umn.edu/policies/competencies-required-for-graduation.php

The RPAP program curriculum allows for completion of a number of these clinical competencies.

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 http://www.bhs.umn.edu/immunization-requirements.htm#ahc-student. Click on the *Academic Health Center* link and find the *Requirements* and *Forms* PDFs for more information.

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

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), 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 titer (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 (Rubeola). 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.

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". You may download a non-personalized Immunization Form here: http://www.bhs.umn.edu/download/AHC_IMMNIZATION_FORM_6-22-2015.pdf. 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 is 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 via email at immunizations@bhs.umn.edu.

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 Michael H. Kim, M.D, Assistant Dean for Student Affairs. 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

UNIVERSITY OF MINNESOTA

BOARD OF REGENTS POLICY

Human Resources

SEXUAL HARASSMENT, SEXUAL ASSAULT, STALKING AND RELATIONSHIP VIOLENCE

Adopted: October 13, 2017
Supersedes: (see end of policy)

SEXUAL HARASSMENT, SEXUAL ASSAULT, STALKING AND RELATIONSHIP VIOLENCE

SECTION I. SCOPE.

This policy governs the University of Minnesota's (University) commitment to preventing and addressing sexual harassment, sexual assault, stalking, relationship violence and related retaliation ("prohibited conduct").

SECTION II. DEFINITIONS.

Subd. 1. Prohibited Conduct. *Prohibited conduct* shall mean sexual harassment, sexual assault, stalking, relationship violence and related retaliation.

Subd. 2. Sexual Harassment. *Sexual harassment* shall mean unwelcome conduct of a sexual nature under either of the following conditions:

(a) When it is stated or implied that an individual needs to submit to, or participate in, conduct of a sexual nature in order to maintain their employment or educational standing or advance in their employment or education (quid pro quo sexual harassment).

(b) When the conduct: (1) is severe, persistent or pervasive; and (2) unreasonably interferes with an individual's employment or educational performance or creates a work or educational environment that the individual finds, and a reasonable person would find, to be intimidating, hostile or offensive (hostile environment sexual harassment).

Subd. 3. Sexual Assault. *Sexual assault* shall mean: (1) actual or attempted sexual contact without affirmative consent; or (2) a threat to engage in contact that would be, if the threat were carried out, sexual contact without affirmative consent.

(a) *Sexual contact* is intentional sexual touching with an object or body part. Depending on the context, it may include, but is not limited to: (1) intentionally touching the breasts, buttocks, groin or genitals of another individual; (2) intentionally touching another individual with any of these body parts; and (3) making an individual touch another individual or themselves with, or on, any of these body parts. Sexual contact can occur whether or not an individual's body parts are covered by clothing.

(b) *Affirmative consent* is freely and affirmatively communicated words or actions given by an informed individual that a sober reasonable person under the circumstances would believe communicate a willingness to participate in the sexual contact.

Subd. 4. Relationship Violence. *Relationship violence* shall mean actual, attempted or threatened violence by an individual who is, or has been, in a spousal, sexual, or romantic relationship with the individual receiving the actual, attempted or threatened violence.

Subd. 5. Stalking. *Stalking* shall mean a course of conduct directed at a specific individual that is unwelcome and that would cause a reasonable person to: (1) feel fear for their safety or the safety of others; or (2) experience substantial emotional distress. A course of conduct is multiple acts including, but not limited to, acts in which an individual directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about another individual, or interferes with another individual's property.

Subd. 6. Retaliation. *Retaliation* shall mean taking an adverse action against an individual because of the individual's good faith participation in:

(a) reporting suspected or alleged prohibited conduct;

(b) expressing opposition to suspected or alleged prohibited conduct;

(c) participating in an investigation related to a prohibited conduct allegation; or

(d) accessing the Office for Conflict Resolution (OCR) to resolve a conflict related to prohibited conduct.

To demonstrate that retaliation has occurred, an individual must show that a causal relationship exists between the individual's actions in (a) through (d) above and the adverse action.

Subd. 7. Member of the University Community. *Member of the University community* shall mean any:

(a) University student;

(b) University employee; or

(c) third party who is engaged in any University activity or program, or who is otherwise interacting with the University, including, but not limited to, volunteers, contractors, vendors, visitors and guests.

SECTION III. GUIDING PRINCIPLES.

The following principles shall guide the University's commitment to preventing and addressing prohibited conduct:

(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 is free from prohibited conduct.

(b) The University is committed to preventing and addressing prohibited conduct through education and prompt, thorough and procedurally fair investigative procedures.

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

UNIVERSITY OF MINNESOTA

BOARD OF REGENTS POLICY

SECTION IV. IMPLEMENTATION.

The University shall:

(a) prohibit members of the University community from engaging in, or assisting or abetting another's engagement in, prohibited conduct;

(b) require employees to take timely and appropriate action when they know or should know that prohibited conduct is occurring or has occurred;

(c) adopt procedures on each campus for investigating and resolving complaints of prohibited conduct in coordination with either the director of the Office of Equal Opportunity and Affirmative Action or, with regard to stalking of a non-sexual nature, the director of the office for investigation of non-sexual Board of Regents Policy: *Student Conduct Code* complaints or the campus human resources department;

(d) adopt procedures on each campus for providing training on prohibited conduct to all members of the University community; and

(e) address violations of this policy through disciplinary or other responsive action up to and including termination of employment or academic dismissal.

SECTION V. MONITORING.

The president or delegate shall address complaints of prohibited conduct consistent with this policy and law and remedy any practice that deviates from this policy.

Human Resources

SEXUAL HARASSMENT, SEXUAL ASSAULT, STALKING AND RELATIONSHIP VIOLENCE

Adopted: October 13, 2017
Supersedes: (see end of policy)

Supersedes: Sexual Harassment dated May 11, 2012; Sexual Harassment dated September 11, 1998.

Reporting Mistreatment and Harassment

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

To facilitate this process the University has chosen EthicsPoint to provide you with an anonymous way to report activities that may be violations of the University's policies or other laws, rules and regulations.

Reporting an incident of mistreatment, harassment, or abuse of a medical student can be reported 24 hours, 7 days a week.

Report mistreatment/harassment incidents here: EthicsPoint online or by calling 1-866-294-8680.

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:

1. Physical punishment or physical threats
2. Sexual Harassment
3. 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
4. Repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges)
5. Grading used to punish a student rather than evaluate objective performance
6. Assigning tasks for punishment rather than to evaluate objective performance
7. Requiring the performance of personal services
8. Taking credit for another's work
9. 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

EthicsPoint is a confidential reporting service for the University of Minnesota (all campuses – TC, Duluth, Crookston, Morris and Rochester and other location)

Anyone can report or use the EthicsPoint service (students, faculty, staff, University and non-University)

You may file an online report or call. If calling, you will get a live person that will ask you the questions. The questions the person will be asking are required from the online reporting system. Calls can be made 24/7.

Anonymous reporting is available with this service. You do not have to report your name. EthicsPoint will restrict the person mentioned in your report from access to the report information. A document or documents that support your report can be uploaded or attached to your report.

When reporting, it is helpful to provide all details regarding the alleged violation, including witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation.

When you submit a report, you will be issued a report key. Write down this information. You will be asked by EthicsPoint to use your report key along with the password of your choosing to return to EthicsPoint through the website or hotline in 5-7 business days. By returning in 5-7 business days, you will have the opportunity to review any follow-up questions or submit more information about the incident.

More Resources

Working Better Together (tools and resources)

Office for Student Conduct and Academic Integrity

Office of Conflict Resolution

Guiding Principles to Nurture the H.E.A.L.T.H. of the Medical School Community

UNIVERSITY OF MINNESOTA

Medical School

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:

Name	Title	Location	Phone	Email
Michael H. Kim, MD	Assistant Dean for Student Affairs	B-611 Mayo Bldg. MMC 293	612-625-5180	mikekim@umn.edu
Kirby Clark, MD	Director, RPAP	A-674 Mayo Bldg. MMC 81	612-626-8788	Clark130@umn.edu
Mary Tate	Director, Minority Affairs & Diversity Medical School EOAA Unit Liaison	B-608 Mayo Bldg. MMC 293	612-625-1494	tatex001@umn.edu
EOAA Office		274 McNamara Alumni Center 200 Oak Street SE Minneapolis, MN 55455	612-624-9547	www.eoa.umn.edu

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.

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

RPAP Student Liability Insurance
2018-19

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

Prepared by the University of Minnesota Property/Casualty Insurance Office- April 1980
Policy Information
Insurance Carrier: Ruminco Ltd.
Policy Number: RUM-1005-17
Policy Term: Ongoing
Limit Per Claim: $1,000,000
Limit Per Occurrence $3,000,000
Annual Aggregate: $5,000,000

UNIVERSITY OF MINNESOTA

Medical School Duty Hours, Years 3 and 4

FULL POLICY CONTENTS

Policy Statement Reason for Policy Procedures

Effective: *May, 2011* **Last Updated:** *October, 2012*

Responsible University Officer:

Senior Associate Dean for Undergraduate Medical Education

Policy Owner:

Office of Undergraduate Medical Education

Policy Contact:

Brad Clarke, Curriculum Specialist, clark772@umn.edu

Policy Statement

Students are limited to 80 hours per week averaged over the period of a rotation and a limit of 24 consecutive.

Reason for Policy

Standards governing duty hours limits are necessary to protect the safety of both patients and medical students.

Procedures

- Medical students will follow the work schedules and duty hours for senior (PGY2 residents and above)
- Minimum 8 hours of rest between work periods (when not on call)
- Call frequency cannot be greater than every 4th night over the period of a rotation (i.e., cannot be on call every 2nd or 3rd night).
- One day off every 7 days averaged over 28 days (ideally, full 24 hours per week). Note: Official University holiday days off do count as a day off under this policy. Example: Student has Memorial Day off as a University holiday, so student may be required to work the other 6 days in that week.

• 80 hour work week

o Any non-medical school activities for which a student receives compensation is counted toward the 80 per week limit, 24 hours consecutive on call time limit o No new patients after 24 hours will be assigned. o Additional 4 hours allowed for patient care responsibilities and educational opportunities (i.e. lecture, skills lab)

On some rotations, students may be required to participate in night float schedules in order to maximize exposure to patients and educational opportunities

Approved by Education Council April, 2011

Last formatted February 23, 2012 by SM Procedure Update 10/5/12 revised by CEC

UNIVERSITY OF MINNESOTA

Blood Borne Pathogen Exposure Program

1 Clean it.

2 Report it.

Contact your supervisor or preceptor.

3 Call for help.

24-hour help line: 612-625-7900

4 Get treated.

Follow instructions given by help line.

5 ID source patient.

6 Get follow-up exam.

Contact Boynton Health Service at 612-625-3222.

Protect yourself from needlestick injuries.

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

For BBPE Program information, contact the Office of Occupational Health and Safety at uohs@umn.edu.

www.ohs.umn.edu

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 X- ray 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.

Policy for Medical Students and Residents with Blood-Borne Diseases

University of Minnesota Medical School

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. ß 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:

- Support the student or resident in receiving satisfactory medical and emotional care and in following treatment recommendations.
- 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.
- Serve as a liaison with the clinical site(s) to help shape the student's or resident's educational experience.
- Offer career counseling and specialty selection assistance.
- 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.
- 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. [Adopted by the Education Council on 12/21/99]