Rural Physician Associate Program

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Preceptor Guide

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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 MetroPAP

<table>
<thead>
<tr>
<th>Required Clerkships: 36 credits</th>
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</thead>
<tbody>
<tr>
<td>Primary Care Introduction (first 5 weeks)</td>
<td>Pediatrics (Well Child) (2 weeks)</td>
</tr>
<tr>
<td>Primary Care Intermediate (5 weeks)</td>
<td>OB/GYN (Women’s Health) (2 weeks)</td>
</tr>
<tr>
<td>Primary Care Advanced (last 8 weeks)</td>
<td>Psychiatry (Behavioral Health) (2 weeks)</td>
</tr>
<tr>
<td>Surgery (8 weeks—can be 6 weeks general plus 2 weeks of Anesthesia, ENT, Orthopedic, Thoracic, or Urology or 8 weeks of general surgery)</td>
<td>Emergency Medicine (4 weeks)</td>
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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.

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.
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.
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/METROPAP/MetroPAP 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/METROPAP/MetroPAP 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. **Summarize** briefly the history and findings
2. **Narrow** the differential to two or three relevant possibilities
3. **Analyze** the differential by comparing and contrasting the possibilities
4. **Probe** by asking questions about uncertainties, difficulties, or other approaches
5. **Plan** management for the patient’s medical issues
6. **Select** 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 MetroPAP students; rpapumn@umn.edu, 612-624-3111*
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. 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
Medical Student Doing Histories and Physicals

JCAHO GUIDELINES FOR MEDICAL STUDENTS: https://www.jointcommission.org/

Q. What patient care activities, such as the History and Physical, can a medical student perform and document in the medical record?
   A. A medical student has no legal status as a provider of health care services. The organization should have policies and procedures, which address the activities of medical or other students and what documentation from students can be entered into the record. With regard to whether a history and physical by a medical student can fulfill the requirements for a history and physical as required by law and regulation, see the FAQ "History and Physical - Delegation to Non Licensed Independent Practitioners". Since the medical student is not an LIP, the History and Physical by the medical student would not fulfill the requirements. In addition, it may be acceptable, in accordance with organization policy and law and regulation, for students to perform certain patient care activities under the direct supervision of a qualified LIP who enters and countersigns appropriate documentation in the medical record, as required by organization policy, and accepts legal accountability for those activities and documentation.

History and Physical - Delegation to Non-Licensed Independent Practitioners

Q. Can the responsibility for performing the admission history and physical examination be delegated to a practitioner such as an advanced practice nurse or physician's assistant who may not recognized by the state in which they practice as a licensed independent practitioner?
   A. Typically, this delegation is limited to the physician's assistant or the advance practice nurse practitioner. However, before allowing the responsibilities of a Licensed Independent Practitioner to be performed by a practitioner not recognized by the state as a Licensed Independent Practitioner, the organization must determine - and be able to demonstrate - whether state laws and regulations and professional practice acts allows such delegation and under what circumstances. The glossary of the accreditation manual defines a Licensed Independent Practitioner as "An individual permitted by law and by the organization to provide care, treatment, and services without direction or supervision. A licensed independent practitioner operates within the scope of his or her license, consistent with individually granted clinical privileges. When standards reference the term licensed independent practitioner, this language is not to be construed to limit the authority of a licensed independent practitioner to delegate tasks to other qualified health care personnel (for example, physician assistants and advanced practice registered nurses) to the extent authorized by state law or a state's regulatory mechanism or federal guidelines and organizational policy". If it is determined that state law and regulation and professional practice acts allow delegation of the Licensed Independent Practitioner history and physical examination, the exam can be delegated, provided:
      - The organization has appropriate policies and procedures.

Such delegation meets pertinent requirements for the type of history and physical examination required by the organization.

The practitioner to whom completion of the H & P was delegated has received specific training to perform an appropriate history and physical examination.
The organization has defined and verified that such practitioners have the appropriate competence to perform a history and physical examination as defined by organization policy and procedures or other documents.

The medical history and physical examination is performed under the supervision of, or through appropriate delegation by, a specific qualified physician who countersigns in accordance with law, regulation and organizational policy, and retains accountability for the patient's medical history and physical examination.

The person is specifically permitted by the organization to perform the history and physical either, as part of the supervising/delegating physician's privileges, or through a specific alternate process, such as that utilized by the organization for allied health practitioners.

**Centers for Medicare and Medicaid Services E/M Documentation Guidelines**
For a given encounter, select the appropriate level of E/M service code according to the definitions of the code in CPT® books and any applicable documentation guidelines. When you bill E/M services, you must personally document at least all of the following:

- That you performed the service or were physically present during the critical or key portions of the service furnished by the resident
- Your participation in the management of the patient

On medical review, the combined entries in the medical record by you and the resident constitute the documentation for the service and together must support the medical necessity of the service. Documentation by the resident of your presence and participation is not sufficient to establish such presence and participation.

**E/M Documentation Provided by Students**
Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or resident in a service that meets teaching physician billing requirements. Exceptions to this requirement are review of systems (ROS) and/or past, family, and/or social history (PFSH), which are taken as part of an E/M service and are not separately billable. The student may document services in the medical record; however, you may only refer to the student’s documentation of an E/M service that is related to the ROS and/or PFSH. You may not refer to a student’s documentation of physical examination findings or medical decision making in your personal Guidelines for Teaching Physicians, Interns, and Residents MLN Booklet Page 6 of 10 ICN 006347 March 2017 note. If the student documents E/M services, you must verify and re-document the history of present illness, and perform and re-document the physical examination and medical decision-making activities of the service.

ICN 006347 March 2017
CMS Medicare Guidelines for Teaching Physicians, Interns, and Residents

ICN 006347 February 2015

E/M Documentation Provided by Students

Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or resident in a service that meets teaching physician billing requirements. Exceptions to this requirement are review of systems [ROS] and/or past, family, and/or social history [PFSH], which are taken as part of an E/M service and are not separately billable. The student may document services in the medical record; however, you may only refer to the student’s documentation of an E/M service that is related to the ROS and/or PFSH. You may not refer to a student’s documentation of physical examination findings or medical decision-making in your personal note. If the student documents E/M services, you must verify and re-document the history of present illness and perform and re-document the physical examination and medical decision-making activities of the service.

Guidance on Constructing Letters of Reference
for RPAP/MetroPAP 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.
Preceptor Resources

Textbooks used in RPAP/MetroPAP clerkships:

Primary Care—Introduction, Intermediate, and Advanced

Recommended Textbook—optional reading:

Surgery

Suggested Textbooks
Cope’s Early Diagnosis of the Acute Abdomen (Cope, Z. & Zilen, W., 2005, Oxford University Press). This is a classic text, and is commonly available in medical libraries and practices.

We recommend:
1. Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice
2. Schwartz’s Principles of Surgery
3. American College of Surgeons (ACS) Surgical Review

Additional Surgery Recommended Articles and Readings:

Fluids, Electrolytes, and Nutrition Readings:

Gastrointestinal Bleeding Readings:

Hernias Readings:

Bowel Obstruction Readings:

Endocrine Disease Readings:
1. Wey LW, Current Surgical Diagnosis & Treatment, 10th
2. Cady B, Rossi RL, Editors: Surgery of the Thyroid and Parathyroid Glands
3. Polk HC, Gardner B, and Stone H: Basic Surgery
**Pediatrics**
There is no required text. Students complete online learning modules: CLIPP Cases.

**Psychiatry**
There is no required text. Students complete online learning modules.

**Obstetrics/Gynecology**
There is no required text. Students complete online learning modules: Problem Based Learning modules.

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**Emergency Medicine**

*CDEM Reading Modules*
(www.cdemcurriculum.com)

The following reading modules are based on the national curriculum developed by the Clerkship Directors in Emergency Medicine (CDEM). These are self-study modules offer substantial information on core topics in Emergency Medicine and are the basis for the final examination questions you will be taking.

This section provides students a list of "approach to" modules for a specific chief complaint. Each one gives you an idea of not only what critical diagnoses to consider, but also what initial actions must be taken even before arriving at a definitive diagnosis.

- Approach to Abdominal Pain
- Approach to Altered Mental Status
- Approach to Cardiac Arrest
- Approach to Chest Pain
- Approach to GI Bleeding
- Approach to Headache
- Approach to Poisonings
- Approach to Respiratory Distress
- Approach to Shock
- Approach to Trauma
Online Preceptor Resources

**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](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](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/](https://www.mededportal.org/). Accessibility verified August 30, 2017.

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

**University of Minnesota Medical School website**, [http://www.med.umn.edu/about](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. Accessibility verified August 30, 2017

**Medical School News and Events**, [https://www.med.umn.edu/news-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.

The Medical School's award-winning magazine, Medical Bulletin, is published twice a year by the University of Minnesota Foundation. Accessibility verified August 30, 2017

**BRIEF**, [http://brief.umn.edu/home](http://brief.umn.edu/home)  
Weekly internal news digest for all campuses. Accessibility verified August 30, 2017

**Continuum**, [http://www.continuum.umn.edu/](http://www.continuum.umn.edu/)  
News and events from University Libraries. Accessibility verified August 30, 2017

The Minnesota Daily is an entirely student produced and managed newspaper serving the University of Minnesota campus and surrounding community. Accessibility verified August 30, 2017

**RPAP Website**, [http://z.umn.edu/rpap](http://z.umn.edu/rpap)  
Information on our program and faculty. Accessibility verified August 30, 2017

**RPAP Facebook**, [www.facebook.com/rpapumn](http://www.facebook.com/rpapumn) You might find a picture of yourself and your RPAP student on here some day! Accessibility verified August 30, 2017