

Family Medicine 501 Preceptorship Manual for Preceptors

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Letter to Preceptors

Dear FM 501 Preceptor:

Thank you for precepting preclinical UW medical students. Precepting is an immensely rewarding experience both for student and preceptor.

We understand that your primary goal is to care for your patients. We also recognize that teaching takes time. Many preceptors have found that precepting is a superb way to continue their education. You will discover that explaining, demonstrating, and critiquing reinforces what you know, uncovers what you don't and provokes you to rethink your day to day practice. Most patients have enjoyed the extra attention that students give them and are amazingly tolerant of learners. Your discretion is always necessary in choosing patients for the student to interact with.

As a conscientious and competent physician you may be anxious about your teaching abilities. There is much to learn about effective teaching. This handbook has tips and resources collected by your predecessors.

We want to thank you again for your support and involvement. Without you, we could not offer this important experience to students considering a career in primary care.

Introduction

The goal of this manual is to provide strategies and resources for better precepting. Your comments regarding this manual are most welcome.

FM 501 Preceptorship Experience

The preceptorship is a one-quarter elective course offered each Fall, Winter and Spring to first and second year medical students. Students are matched with a volunteer community physician based on practice characteristics important to the student. These include practice location, patient population, and availability of specific procedures or experiences. Students may choose to expand their experience beyond one quarter with the same preceptor. Students are responsible for contacting their preceptor and arranging clinic sessions.

Goals of the Preceptorship

1. To enable students to refine their clinical knowledge and skills by observing and practicing these skills in community-based care;
2. To allow students to experience first hand the importance of patient continuity of care by involving them in the day-to-day workings of a community practice;
3. To expose students to important issues in Family Medicine today including the evolving Family Medicine model of care, quality of care, evidence based medicine and preventive care including patient adoption of healthy behaviors;
4. To increase students' understanding of the challenges and rewards of a Family Medicine career.

Preceptorship Requirements

Preceptorship Requirements for Preceptors

1. **Be available for at least 8 half-day sessions during the quarter that you would like to precept.** If your clinic schedule changes or you find that you will be unavailable for a quarter, please contact Wes Fitch as soon as possible so we may update your status. A practice partner may cover a session once in a while with your student. Students are responsible for contacting you to schedule times/dates in your clinic. If you do not hear from your student within 3 weeks of Wes contacting you to confirm your availability, please call Wes to let him know.
2. **Complete the Learning Plan form with your student.** This form is a template for you and your learner to decide what topics and skills will be covered during the preceptorship. Your learner should approach you with this form during your first meeting. You should initial next to those items that you and the student have agreed to work on. During the fourth meeting, the student will complete the re-evaluation piece of the form. After reviewing the form with the student, you are expected to comment on any revisions or changes you have made in your learning plan for the remaining four weeks. The student is expected to turn in this form at the time of the midquarter review session.
3. **Complete a final evaluation of the course.** Preceptors asked to fill out a final evaluation of their student and an end of year evaluation of the course. Comments on your student's clinical skills, clinical knowledge, attitude towards patients and professionalism are solicited and may be included in their grade report. Your evaluation of our course helps us to ensure a high quality experience for preceptors and students alike.

The Continuity Curriculum

In 2003, the School of Medicine made the Continuity Curriculum a requirement for all first year students. The ICM Course oversees the administration of this curriculum.

To successfully complete this curriculum, students must:

1. Take a one-quarter preceptorship (e.g. Family Medicine 501)
2. Complete three written assignments:
 - a. A one-page student report on an interview with a physician about his/her views on continuity and how continuity of care has changed over time.
 - b. An interview with a patient regarding their views on continuity of care. This can be a one-time interaction or students may choose to follow the patient for more than one visit
 - c. A one-page student report on their own experience of continuity of care.

Your participation as a FM 501 preceptor in this curriculum is voluntary. If you choose to help your student complete one of the above assignments, we anticipate that, it should take you no more than 30 minutes of your time. If you have comments, concerns or questions regarding the continuity curriculum, please contact the course chair. Your comments will be forwarded on to the ICM staff.

Course Administration

Malpractice Insurance Coverage

All student in officially sponsored University of Washington teaching activities are covered by a blanket malpractice policy. As Family Medicine 501 is an approved School of Medicine elective, students are indemnified under the program for adverse outcomes in medical care arising from the student's participation. Preceptors are indemnified as well for adverse outcomes in medical care related to their teaching responsibilities. All preceptors must also be indemnified by their own or practice's policy.

HIPAA

All University of Washington medical students are trained and certified on current HIPAA rules and regulations during their first year orientation.

Student Injuries and Accidental Exposures

University of Washington medical students who participate in this course must follow the Procedure Following Occupational Exposure to Blood/Body Fluids (see http://eduserv.hscer.washington.edu/uwsom/fs_bbPath.asp). The Medical School covers immediate exposure evaluation and care. If an exposure or accident occurs while the student is working with you, provide immediate first aid and call Employee Health (206) 598-484 or the UW Emergency Department (206) 598-4000.

Clinical Faculty Appointments

All preceptors who participate in Family Medicine 501 are appointed as Clinical Preceptors in the Department of Family Medicine. Preceptors can apply to be appointed to Clinical Instructor status. As a Clinical Instructor, preceptors will have access to discounts on sporting and cultural events at the UW and online access to the UW Library's Healthlinks toolkit, which includes such databases as UpToDate and MD Consult. For more general information on Clinical Faculty ranks and appointments, please see APPENDIX I. To apply for a Clinical Faculty position, please contact Wes Fitch, Program Coordinator at (206) 543-9425.

CME Hours

All preceptors may report up to 20 hours of student precepting time as AAFP prescribed CME credit. See the AAFP web site for further information (www.aafp.org/x25029.xml).

Preparing your Office for Your Preclinical Student

Effectively including a preclinical student into your practice will take some advanced preparation.

Provide your student with a workspace

Your preclinical student will need at minimum a chair where they can put their books, lab coat and where they can sit and read if there is down time. Will the student sit in your office? Is there a colleague's desk space that the student can borrow while he/she is in the office? Will the student have computer access? Will the student have access to an in-office medical library?

Prepare your staff for the student

Your ancillary staff play an important part in making the preceptorship experience fit in your busy clinic day. If you work with a particular medical assistant or nurse, let them know the days and times that the student is planning to be in your office. Some background information on the student may also be helpful to your staff such as their year in medical school. When they room your patients, they can screen your patients to see if they would like to help participate in the education of a medical student. You may also ask your staff to help orient the student to your office. If you choose to inform your patients of the student's presence by hanging a sign in your waiting room, a front desk staff member may take this responsibility. Your front desk staff may also help prepare your patients for the student's presence by informing them that a student will be working with you when they call to confirm the patient's appointment.

Plan the student's orientation to your office

You may decide to ask your office manager, your nurse or your ancillary staff to help with part or all of the student's orientation to your office. A brief orientation with a tour of the facility and introductions to key employees (MAs, lab tech, receptionists) is suggested. The orientation may include information on your practice and the patients served. You may also include information on patient flow within the clinic and office routines and methods. The orientation can be arranged with the student before patient care hours.

Set aside time to discuss the student's and your goals for the preceptorship

Finding out your student's expectations will make this course more enjoyable for both the student and for you. The student should bring with them the Learning Plan form to your first meeting. This form is a platform for you and the student to discuss goals and objectives for the preceptorship. If possible, schedule a 15- minute block of time to discuss the form with the student. This time should also be used for you to outline your goals for the preceptorship and any dress or scheduling expectations you may have with the student. Also, inform the student of any opportunities outside of the clinic for them to see patients with you. Students often appreciate being included in L&D, hospital, nursing home and ER rounds. Time spent in these areas can substitute for time in your clinic, though the bulk of your student's experience should be in the clinic. You can choose to have the student come before patient scheduled hours to discuss the form.

Your First Meeting with Your Preclinical Student

Below is a suggested template for your first meeting with your student. As each preceptor's office is different, feel free to modify the below suggestions to best fit your practice.

Orientation to your office

Approximately 30 minutes, with introductions to key staff, tour of the facility, brief discussion of types of patients served, services provided, procedures performed. Specific information on office policies and procedures should also be covered.

Discussion of Learning Plan

Approximately 15 minutes. Reviews student's learning plan form and briefly discuss your expectations of the student during this preceptorship.

Student shadows you for a few patients

Allows student to get a feel of how your office runs and your style of care. Depending on student's level of training and comfort, you may have student perform parts of the physical exam or history in your presence. Remember to obtain the patient's verbal consent prior to having the student observe or participate in the patient's care. You or your nurse can obtain this consent. A suggested introduction might be "Susan Eager is a first year (second year) medical student working with me today. I would appreciate it if you would tell her why you're here today. Then I will be in to see you shortly".

Depending on student comfort level, student performs part/all of history by himself/herself for selected patients.

It can be helpful to have the student review the patient's chart before they arrive. You may also choose to briefly discuss with the student his/her previous experience with problem and the management of the problem that the patient is coming to see you for. From what you know of both the patient and the student, you will determine whether the student will observe you, assist you, precede you, or perhaps, not be involved with the patient. You can also give the student tips on what to look for, ask about, or what he/she might read to prepare. Or you may send them in "cold" to handle a patient.

What Clinical Skills Does My Student Have?

Below is a schedule of topics covered in the Introduction to Clinical Medicine Course. Along with your student's goals for the course, this schedule should be used to help you decide how to focus your teaching time with your student.

First Year ICM I Topics

History Skills	Physical Exam Skills
Fall Quarter: Social History Patient's Illness narrative The Illness narrative becomes HPI Learn to write up an organized medical history	
Winter Quarter: Difficult Interviews Interviewing Adolescents Human Sexuality Complete Medical Database demonstration Problem Oriented Medical Record Interviewing For HIV and STD risk Pediatric Interview and History	
Spring Quarter: Occupational History Complementary/Alternative Medicine Motivational Interviewing Patients' view of the Dr./Patient relationship Introduction to the oral case presentation Introduction to clinical reasoning	Spring Quarter: Vital Signs, Basic Head and Eye Exam Basic ENT, Neck and Thyroid Exam Basic Chest and Breast Exam Basic Cardiac and Abdominal Exam Basic CNS, Extremities, Male Genitalia, Rectal Exam

Second Year ICM II Topics

History Skills	Physical Exam Skills
Fall Quarter: Complementary and Alternative Medicine Geriatrics Disabled Patients Developing a branching differential diagnosis	Fall Quarter: Female Genital and Rectal Exam Thyroid and Lymph Nodes Advanced Cardiovascular Exam Advanced Pulmonary Exam
Winter Quarter: Substance Abuse Uncertainty and Mistakes in Medicine Care of Patients with Life Threatening and Terminal Illnesses Continue to develop branching differential diagnoses	Winter Quarter: Advanced GI Exam Advanced Musculoskeletal Exam
Spring Quarter: Human Sexuality Professionalism and Human Sexuality Ward Culture Universal Precautions	Spring Quarter: Advanced Psychiatric Exam Ophthalmology Exam

Specific Skill Building With Your Student

Improving History Taking Skills: The One-Minute Preceptor Method

By the end of the first year, all students have learned how to elicit and write up a complete adult medical history. There are several effective ways to help students improve their history taking skills. One method that can be useful is the One Minute Preceptor.

1. **Get a Commitment** – get the student to commit to an aspect of the case. Encourages student to stretch beyond their comfort level and develop reasoning skills.
“Based on the patient’s chief complaint, what parts of the history should you focus on?”
2. **Probe for Supporting Evidence** – ask a question that seeks to understand the rationale for the learner’s answer to part 1. This enables you to determine the strength of the evidence upon which the commitment was made.
“Why do you feel it is important to obtain a past medical history in this patient who complains of memory problems?”
3. **Reinforce what was done well** – comments should include specific behaviors that demonstrated knowledge, skills or attitudes of value.
“Your history was well organized. You had a chief complaint followed by a detailed history of present illness. You included appropriate additional medical history and medications.”
4. **Give guidance about errors and omissions** – Avoid terms such as “bad” or “poor” and use phrases such as “not best” and “it is preferred” which carry less of a negative value judgment. Comments should be as specific as possible.
“You mentioned a cough in your history but did not tell me how long the cough has been present or if the patient smokes. This information is particularly useful when considering the possible causes for the patient’s cough and can impact your diagnostic and treatment decisions for this patient.”

This method can also be used to help first and second year students refine their clinical reasoning pathways.

Improving Communication Skills

Preceptors can help student learn effective communication techniques by role modeling the use of open-ended questions, using a non-judgmental attitude and by displaying empathy when interacting with patients. Preceptors can also observe students’ interactions with patients to see if these elements are present and give constructive feedback on including these techniques in their patient interactions. Articles and books on models of doctor-patient communication such as the Patient Centered Care model and the Motivational Interviewing model can be found in the Additional Precepting

Resources Section of this manual. First year students are introduced to Motivational Interviewing during their Spring Quarter.

Improving Physical Exam Skills

All UW medical students should be able to demonstrate an organized adult screening exam at the end of their first year. First year students are interested in opportunities that allow them to practice their new examination skills. While students are not expected to identify or interpret abnormal findings until the end of their second year, teaching them to recognize and describe normal and abnormal physical exam findings is useful in their educational process. Students often appreciate your thoughts on what techniques you have found most helpful in performing specific parts of the physical exam.

Talking Through Procedures

Students learn by observing and assisting at procedures, and when appropriate, by guided performance of the procedure. Don't be reluctant to ask your student to talk through a procedure in detail before he/she is to assist you or perform it on a patient. The dry run also provides you a chance to embellish the basic steps with tips you've learned from experience.

Building on a Student's Interests

Your student may indicate an interest in an aspect of family medicine that is part of your clinic but is outside of your own interest or expertise (e.g. casting, group visits, colposcopy, sigmoidoscopies). Students greatly appreciate preceptors who find colleagues in their office who are interested in having a student observe them or assist them with these procedures and visits.

Providing Feedback

Many preceptors find evaluating students' interview and examination techniques to be their least favorite part of this course. Students, however, find their preceptor's evaluations to be helpful as they develop their clinical skills. Below are methods to help you feel more comfortable providing feedback to your student.

Feedback

Feedback allows for student improvement by addressing specific actions or skills. To be most effective, feedback is given close to the time of the relevant event and is informal. At times, giving feedback may seem unnecessary to you. Preclinical students often do not have the experience necessary to judge their clinical skills and providing feedback can help to reinforce good clinical skills. If you identify a potential problem in the way a student performs a history or examines a patient, it is advisable to discuss this problem with the student immediately. Failing to do so may be taken as a sign by the student that they are performing the task acceptably. The IMPROVE strategy is one way to positively incorporate feedback into your preclinical student teaching.

The IMPROVE strategy

1. **I = Identify how feedback will help the student meet the goals for the course.** Discuss with student how you will provide him/her with feedback on how well he/she is meeting these goals. Let the student know how often you prefer to give feedback. Use the student's past experiences with feedback as a way to individualize your feedback to the student. Encourage the student to perform his/her own skill self-assessments and to openly communicate to you when he/she needs your assessment or guidance on skills improvement.
2. **M = Make an environment in which feedback is welcomed.** Let the student know that you and he/she are partners working towards the common goal of expanding his/her clinical skills. Comment on what the student does well in addition to what he/she could improve. Demonstrate that feedback is a part of clinical practice by giving and receiving feedback to staff, colleagues and patients.
3. **P = Assess Performance.** Directly observing the student is the best way to assess a student's skills, knowledge and attitudes. Ask other staff and clinicians for their observations to get a well-rounded view of the student's performance. You do not need to watch a complete history and physical on one patient: you can observe the student take a history on one patient and observe the student perform a physical on another patient. Observing the student with the first or last patient of the half-day may be less disruptive to your schedule.
4. **P = Prioritize what Feedback to Give.** Providing too much feedback at once may overwhelm your student. Provide the student with information that he/she can use to improve his/her future performance. Some behaviors are easier to correct than others: identify those behaviors that affect the way the student interacts with patients and that the student can reasonably change.
5. **R = Respond to the Student's Self-Assessment.** Have the student evaluate his/her own skills and behavior before you provide your feedback. Students tend

to be less defensive when they are allowed to self-evaluate. Use the student's observations in your feedback. Opening the discussion with a question such as "What did you like about your history and exam?" can help focus the student on specific skills and their own behavior.

6. **O = Be Objective.** Begin providing feedback by describing the specific behaviors and skills that the student demonstrated. Do not add any interpretations of what you think the student may have been thinking or feeling during the event. Once you've described the behavior, then let the student know the potential outcomes that could follow the behavior.

"You started the interview by shaking the Mr. Jones' hand and introducing yourself. Small actions like these seemed to make Mr. Jones more comfortable talking with you."

7. **V = Validate Positive Behaviors or Suggest Alternative Strategies.** Reinforce what the student has done well and suggest ways that the student could find the information that he/she have may have missed in his/her history or physical exam.
8. **E = Establish a Plan to Improve Performance.** Let the student know what skills he/she should work on and suggest ways to work on these skills. Is there a helpful text? Is there something different he/she should do the next time he/she enters the room with a patient? To ensure the plan is clear, you can ask the student to summarize what he/she will be working on the next time he/she is in the room with a patient.

Evaluating Students

Student evaluation is a key component of this course. By incorporating periodic evaluation into your teaching, you not only help the student to develop into a competent clinician, but you can avoid uncomfortable situations when it comes time to discuss midcourse and final course evaluation with your student. During your time with the student, you will be continuously gathering information on their clinical skills, knowledge and interpersonal skills. As you provide feedback, you will also be able to assess how well the student used this feedback to improve their skills. The midquarter and final evaluations should be scheduled opportunities for you to summarize to the student his/her growth during the course and areas where he/she can continue to improve.

The Pitfalls of Evaluation

1. **The Halo Effect** – situation where one favorable characteristic of the student has an effect on the evaluation. For example, a student who is likeable but whose clinical skills are not quite up to par may receive a very high evaluation based solely on their personality.
2. **Insufficient Evidence** – at the end of the rotation, the preceptor may have an overall sense of the student's performance, but cannot recall specific incidents to back up this perception. Developing a way to recall specific behaviors and skills can be most helpful in preventing this pitfall.
3. **“You never told me that”** – by communicating to the student your expectations for performance and providing the student with feedback on a regular basis, students are less likely to be surprised by your overall evaluation of them.
4. **“But I NEED a Pass”** – Some students bring particular expectations of a grade or evaluation for the course. Eliciting these expectations up front is key in helping the student to meet these goals or in explaining to the student why their goal is not realistic in your setting.
5. **Should they pass?** – if you are having critical problems with your student, and feel that despite your best efforts, he/she is not meeting the core requirements of the course, seek help from the course faculty early. By seeking help early, you should hopefully not have to ponder this question by yourself as you're filling out your final evaluation of the student.
6. **The “Lake Woebegone” effect:** you can avoid this effect by honestly evaluating each student that comes through your office. By doing so, you allow the student to come away with important lessons about their skills and abilities that they can use in future preceptorships and clinical rotations.

The GRADE Strategy for Evaluation

This is one strategy to help you integrate evaluation into the entire preceptorship experience.

1. **G = Get Ready.** Review the course expectations for the student and for you as a preceptor. Review the midquarter evaluation form that the student will bring in filled out to discuss at the first session. Review what expectations you have for the student during this preceptorship. Consider the unique learning opportunities that your site has to offer to the student.

2. **R = Review Expectations with Student.** At your first meeting set aside time to discuss the above expectations. Determine if the student's skill level meets your expectations and if you need to modify your expectations. Talk with the student about your goals for feedback giving and evaluation.
3. **A = Assess.** Make it a point to observe the student perform history taking and examination skills, make notes on things the student does well or needs help will and provide immediate feedback when appropriate, have the student perform self-assessments his/her skills and talk with student about these self-assessments.
4. **D = Discuss Assessment at Midpoint.** Make time in your schedule to review the midquarter evaluation form with the student and discuss how to address any goals that have not been met or any differences of opinion you and the student may have regarding their progress.
5. **E = End with a "Grade".** Complete the final evaluation using the data that you have collected during the eight half day sessions and use these examples to support your overall evaluation of the student. Schedule time to discuss the evaluation with the student. Provide the student with items that they can work on in future preceptorships or rotations.

Preventing Problem Learning Situations

Primary Prevention:

1. Know the Family Medicine Department's specific expectations for the course. Review these expectations with the student during your first meeting using the Learning Plan form.
2. Make your expectations known to the student during the orientation. Inform the student of specific things they should be aware of – dress code, hours, and contact information.
3. Determine what the student's expectations and goals are and determine if mismatches exist between your goals and theirs. Schedule time during the fourth session to review the Learning Plan form and refine and reassess your goals and the student's goals.
4. Plan for preceptor-related issues that may have an impact on your teaching experience. These can include unanticipated personal events, schedule/financial changes or an unanticipated personality clash with your learner. If these issues prevent you from doing what you need to do in your practice or could seriously affect the student's experience, consider declining the student for the quarter.

Secondary Prevention

1. Maintain awareness that things can go wrong. Don't ignore the early warning signs of difficult interactions.
2. If a potential problem situation arises, institute an organized assessment of the situation. One such assessment method is the SOAP method.

Tertiary Prevention

1. Seek help from course faculty if a significant problem arises with your learner.
2. Don't give the learner a passing grade if you do not think they have met the goals of the course.

Contact Information for Course Faculty

Amanda Keerbs, M.D. M.S.H.S., Course Chair
akeerbs@fammed.washington.edu, (206) 543-9425

Kathleen Ellsbury, M.D. M.S.P.H., Course Faculty
ellsbury@u.washington.edu (206) 616-3239

Wes Fitch, Course Coordinator
wfitch@fammed.washington.edu, (206) 543-9425

The SOAP Approach to Problem Interactions

1. **Subjective:** What made you suspect a problem existed? What do others think of the student? Does a general pattern of behavior seem apparent? Ask the student how they feel things are going to see if they are aware a problem exists.
2. **Objective:** Identify specific instances to document and to help you make your assessment and formulate a plan of action.

- 3. Assessment:** Analyze the above information and list the possible causes behind the problem
- Cognitive: knowledge base/clinical skills less than expected? Learning disability? Communication difficulties? Lack of effort/interest?
 - Affective: Anxiety? Depression? Anger? Fear?
 - Valuative: Expects a certain level of work? Expects a certain grade? Does not value the preceptorship? Does not want to be at your clinic? Does not value your teaching? Holds principles that conflict with those of you or your patients?
 - Environmental: Hospital-care oriented? Not used to undifferentiated patients? Not time sensitive? Not patient-satisfaction oriented?
 - Medical: Illness? Substance Abuse? Depression or other mental illness?
- 4. Plan:** Should be based on your assessment, the impact of the situation on you, your practice and the learner. You can decide to:
- Gather more data: observe and record, discuss with learner and contact the school
 - Intervene: give detailed behavior specific feedback, make specific recommendations for change and schedule a time for re-evaluation
 - Get help: get assistance from course faculty, ask for course faculty's help in transferring the learner to a different learning environment if necessary.

Additional Teaching Resources

Web Sites

Society of Teachers in Family Medicine (link to www.stfm.org/precep.html)

This site includes links to the Office Based Teacher of Family Medicine monthly column, books for preceptors and the Preceptor Education Project (PEP2). The Department of Family Medicine currently holds a subscription to STFM's Teaching Physician email newsletter. If you would like to receive this newsletter, please contact Wes Fitch with your preferred email address.

American Academy of Family Physicians (link to www.aafp.org). This site contains information on general practice characteristics of family physicians across the U.S., links to the AAFP online journal, patient education information and other patient care resources, and online CME reporting.

Southern New Hampshire Area Health Education Center (link to www.snhahec.org/preceptor_development/). Site includes a number of documents and links to additional web sites where preceptors can develop their skills further.

Books

Dunn, C. and Rollnick, S. (2003) Lifestyle Change, London, UK: Mosby.

Paulman, P., Susman, J., and Abboud, (2000) Precepting Medical Students in the Office, Johns Hopkins University Press.

Rubenstein, W., and Talbot, Y (2003) Medical Teaching in Ambulatory Care: Second Edition, Springer Publishing.

Articles

Archives of past Office Based Teacher articles on a variety of subjects can be found at www.stfm.org/teacher/hub.html.

Clinical Faculty Appointments

Further information may be requested at any time from Wes Fitch, 501 program coordinator (206) 543-9425 wfitch@fammed.washington.edu

Clinical Preceptor in Family Medicine Designation

Preceptors with the Family Medicine 501 Course are automatically designated as Clinical Preceptors in Family Medicine with successful completion of the UW Health Sciences Professional Liability Questionnaire. This title is a designation and not a faculty appointment. The University's self-insured professional malpractice insurance for teaching is extended to all health care professionals who are participating in School of Medicine teaching experiences for the first time or who do not qualify for appointment to the clinical faculty

Applying for a Clinical Faculty Appointment

For those preceptors who have worked with 501 students for more than a year, you may be eligible to apply for appointment to the clinical faculty. Appointment to the clinical faculty involves a minimum contribution of 50 hours of teaching per year. New Clinical Faculty appointments can be made at any time. Preceptors may also request promotion to a higher clinical faculty level. Promotions occur annually. Paperwork to request a promotion should be completed by February.

Benefits of Clinical Faculty Appointments

The appointment provides professional malpractice coverage related to student or resident teaching and provides benefits such as access to intramural activities privileges, use of UW libraries, access to the Internet through the University, eligibility to purchase season tickets for UW sporting and cultural events and savings on purchases through the University Book Store annual year-end rebate policy.

Clinical Faculty Levels

Clinical Instructor - Requires completion of residency training or experience sufficient to meet Family Medicine Board requirements or their equivalent. In addition, appointee should be an active participant in departmental work, such as having regular teaching responsibilities of more than 50 hours annually. This is the most commonly used initial clinical faculty appointment recognized by the University.

Clinical Assistant Professor - Requires clinical training and experience plus substantial involvement. An example of substantial involvement would be a contribution of more than 150 hours annually in instruction or preparation for instruction or equivalent effort. In addition, such regular or exceptional contribution should have been sustained for at least three years. Usual time in rank as Clinical Assistant Professor is three to ten years.

Clinical Associate Professor - Requires above qualifications and is reserved for those who continue to make regular exceptional contributions to the departmental work over a prolonged period of time. Scholarly contributions to the literature will also be considered but are not required at this rank. Usual time in rank as Clinical Associate Professor is five to twenty years.

Clinical Professor - Requires outstanding, mature scholarship, as evidenced by accomplishments in clinical teaching, related professional activities, and scholarly contributions to the literature. This appointment should be based on national recognition as a leader in family practice, and requires exceptional contributions to teaching and related professional and scholarly activities within the Department of Family Medicine over a long period of time.

Emeritus Appointment - Recommended by departmental action for a retired faculty member, including research and clinical faculty, whose scholarly, teaching, or service record has been meritorious, and who is at least 62 years of age. Requires at least ten years of prior service as a member of the faculty and achievement of the rank of professor or associate professor.