



**School of Medicine
Department of Community and Family Medicine**

Family Medicine II Preceptorship

Medicine 9570 | Clerkship Syllabus 2019-20

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The entire content of this handbook is available on Canvas:
<https://umkc.instructure.com/> under Medicine 9570

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SECTION 1: CLERKSHIP OVERVIEW

Welcome to Family Medicine II-Preceptorship!

The intent of Family Medicine Preceptorship is to provide medical students with an exposure to a Family Medicine office practice, to introduce concepts of medical practice management, and to explore the cultural diversity of rural communities and the need for primary care physicians in Missouri.

Course Content

Most of the training for this clerkship will be with a Family Medicine physician in his/her office. Your preceptor will set the schedule and may give assignments for you to research. While in the office, take opportunities to work with all members of the health care team to learn how an office functions and to see the business side of medicine. In addition to the clinical training, there are assignments on Canvas and on-line assignments of Aquifer fm-Cases. All these assignments are posted on Canvas. There are no books to purchase for Family Medicine II. You will be responsible for all the material addressed in this syllabus, so review it carefully and feel free to ask for any clarifications needed.

You are representing UMKC School of Medicine while you are in your preceptor's community, and it is expected that you will perform in a professional manner. Professionalism encompasses values that are held in high priority by medical educators, your peers, and the general public. Professional behavior is expected of you in every aspect of your medical education, including your time in our clerkship. A student or physician who demonstrates professional values is defined by the ACGME as someone who: "demonstrates compassion, integrity, and respect for others as well as adherence to the ethical principles relevant to the practice of medicine". Furthermore the ACGME states that for a student to graduate medical school he or she should "demonstrate behavior that conveys caring, honesty, genuine interest and tolerance when interacting with a diverse population of patients and families".

Contact Information and Communication

We will use your email and Canvas to communicate any modifications to the expected schedule as well as reminders to complete the assignments and the mid-month evaluation.

It is your responsibility to regularly check your email and Canvas for any notifications. To communicate with us, please use UMKC e-mail addresses.

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Course Description and Schedule

The Family Medicine II Clerkship--Preceptorship is a 1 block rotation scheduled during Year 5. The first day orientation is **REQUIRED** and will consist of review of syllabus contents, a presentation about rural medicine, and an interactive discussion regarding wellness visits and preventative health. Following orientation you are expected to go to your preceptorship location. Your schedule will be determined by your preceptor. **If during the week there is a day on which your preceptor does not work, you are expected to work with one of his/her partners or other providers. (This could**

include a Nurse Practitioner or Physician Assistant.) If none is available, spend time with the office manager, office staff and nurses learning their roles. If your preceptor goes to the hospital, to nursing homes, to free clinics, to hospice agencies, or sporting events as the team physician, accompany him/her to get exposure to as many points of care as possible. On the last working day of the month a REQUIRED wrap up session will be held and the exams will be given. Information about the on-line and Canvas assignments will be given later in the syllabus.

Each preceptorship experience is unique. Meet with your preceptor on your first day in the office and discuss what you hope to achieve during the block (e.g., more procedures, honing patient interviewing and physical examination skills, etc.). As in all experiences, the more effort you give, the greater the educational value.

SECTION 2: LEARNING GOALS AND OBJECTIVES

These clerkship goals and objectives were created and revised for consistency with the UMKC School of Medicine competencies and objectives. They are created to adequately prepare students for post graduate training and the practice of medicine.

Course Goals and Objectives:

Goal 1:

Introduce the student to the practice of Family Medicine in medically underserved areas

Objectives:

- A. Students will spend approximately four weeks with a board-certified family physician.
- B. Students will complete medical cases on Aquifer (details below).

Goal 2:

Develop in the medical student an approach to the practice of medicine that emphasizes the continuity and comprehensiveness of health care including prevention.

Objectives:

- A. In the context of a family medicine setting, students will see patients with both acute and chronic disease states. Students will follow-up patients who return to the practice during their preceptor block. Students will observe the on-going relationship between physician and patient.
- B. Students will participate in an on-line discussion in which they share some interesting aspects of care observed in the office. It can be any issue seen within the office.

Goal 3:

Introduce and sensitize the medical student to the community dimensions of health care, the disproportionate share of certain patient populations, and the cultural diversity of a rural community.

Objectives:

- A. Students will participate in an on-line discussion in which they define their community practice site through staff interview and information obtained from web-based sources.
- B. Students will participate in an on-line discussion of the role of the family physician in community efforts.
- C. Students will experience the community-oriented personality of a practice site and its disproportionate share of certain patient populations--impoverished, elderly, dependent and chronically-ill individuals and uninsured.

Goal 4:

Develop in the medical student an understanding and appreciation of the professional lifestyle and roles compatible with excellence as a physician in a primary care setting.

Objective:

- A. Students will interview their preceptor about his/her choice of medicine as a career choice and family medicine as a specialty choice. Results will be reported in an on-line discussion.

Goal 5:

Develop in the medical student an understanding of the business aspects of medicine; the student is introduced to various aspects of practice management.

Objective:

- A. Students will interview their preceptor about various practice management issues including billing, coding, starting a practice, daily practice operations, etc.

COMPETENCIES

The family medicine preceptorship teaches and assesses each of the UMKC School of Medicine's competencies and associated learning objectives. These competencies apply to all clerkships and rotations and are the criteria for your clinical and professional evaluation.

I. Communication and Interpersonal Skills

Uses the written language effectively

- Medical record documentation including progress notes
- First and last day impressions and online discussions assigned

Uses the oral language effectively

The student demonstrates competency in using oral language, even in stressful situations by:

- Communicating with patients and families
- Presenting patients accurately and precisely to the preceptor

Uses nonverbal communication effectively

- The student demonstrates effective nonverbal communication skills, including in stressful situations, with the preceptor, staff, other health care professionals, and patients.
- The student demonstrates effective listening skills, including in stressful situations, with faculty, staff, other health care professionals, and patients.

Establishes a therapeutic doctor-patient relationship regardless of patient characteristics

- The student establishes therapeutic relationships with patients, regardless of acuity, to enhance patient adherence, satisfaction, and clinical outcomes.

II. Medical Knowledge

Uses basic science to answer questions, solve problems and care for patients

- The student applies important facts and concepts in biostatistics, immunology, microbiology, pathology, and pharmacology in order to solve problems/answer questions posed.
- The student applies key neuroscience facts and concepts that are related to health and disease and can use them in solving problems/answering questions.

- The student applies, and is able to solve problems/answers questions using advanced facts and concepts in anatomy, behavioral/social sciences, biochemistry, genetics, and physiology as they pertain to clinical encounters.

Uses facts and concepts from family medicine and other clinical sciences to solve problems and care for patients

- The student applies facts and concepts of anatomy, behavioral/social sciences, biochemistry, biostatistics, genetics, immunology, microbiology, neurosciences, pathology, pharmacology, and physiology to the overall care of the patient.
- The student applies basic facts and concepts from the clinical sciences on each clerkship or elective to patient types that have been specified for years five and six.

Uses basic and clinical science to understand, explain and solve complex, multi-system problems

- The student is able to explain a multi-system health problem in terms of pathogenesis, mechanisms of system-to-system interactions, and potential complications.
- The student is able to present therapeutic goals and interventions aimed at the multiple pathophysiologic forces in motion.
- The student demonstrates clinical decision-making that weighs the pros and cons of proposed interventions and takes into consideration such factors as drug-drug interactions and the trade-off of proposed drug interventions in the context of multi-system problems.

III. Practice-based Learning and Improvement

Practices Lifelong Learning & Self-Appraisal

The student exhibits behaviors indicative of self-awareness through a process of self-reflection about his/her cognitive, emotional, and social abilities;

- The student utilizes skill in coping with stress during clinical rotations and practices effective techniques to reduce that stress while continuing to function satisfactorily.
- The student responds to constructive criticism: values well-founded praise but also uses the critique to address his/her deficiencies and modifies behavior accordingly.
- The student actively seeks feedback for improvement from Preceptor and faculty and is pro-active in asking for assistance to maximize the outcomes he/she can achieve from a clinical experience.

Demonstrate information-seeking and evaluation skills

- The student demonstrates more advanced lifelong learning skills including comprehension of more complex medical literature, more accurate critical appraisal of studies using the scientific method, formulation of more advanced questions for literature searches, and performance of more productive literature searches to locate information relevant to addressing clinical problems, including those of his/her own patients.
- The student recognizes the significance of valid scientific discoveries reported in medical journals and identifies unsubstantiated, inaccurate, or poorly performed studies and conclusions.

Practices evidence-based medicine

- The student is able to justify care plans for patients in terms of evidence-base medicine.

Understands the role of gap analysis in continuing medical education.

- The student understands that analysis of gaps in physicians' knowledge, skills, and practice forms the basis for continuing medical education.

IV. Systems-Based Practice

Actively incorporates the psychological, social, cultural, and economic factors into patient care and proposes ways to address them as needed.

- The student takes personal responsibility for identifying non-biological factors as part of routine history-taking; discusses them with patients, assesses their needs, and matches those needs to appropriate community resources.
- The student is able to identify and propose solutions for non-biological factors that influence health, disease, disability and access to care.
- The student demonstrates knowledge of practice management, utilization review, quality improvement, and improvement in economic and cultural issues in health care.

Advocates for patients and families

- The student is an advocate for better health for the patients and the community.
- Students advocate for quality patient care and assist patients personally in dealing with system complexities in the preceptor's practice.

Demonstrates knowledge of the healthcare system and interacts appropriately with members of the health care team.

- The student demonstrates knowledge of practice management, utilization review, quality improvement, and improvement in economic and cultural issues in health care.
- Students demonstrate the ability to partner with other health care providers to coordinate and improve the care of their patients and know how these activities can affect system performance.
- The student shows effective leadership skills in coordinating various members of the health care team for assistance in the comprehensive care of patients and their families.

Utilizes resources effectively.

- The student is able to utilize resources in the community that may provide assistance to patients.

Takes into account how public policy impacts the practice of medicine.

- The student demonstrates knowledge of public policy related to health, healthcare funding and finance, delivery systems and health care reform impacts the practice of medicine.

V. Patient Care

The student is able to perform the basic elements of a history and physical examination smoothly and efficiently in the outpatient setting, inpatient setting, critical care setting, and emergency department setting.

Takes a patient history including:

Chief complaint
Past medical history
Sexual history
Review of Systems

History of Present illness
Family history
Psychosocial

Current health status (allergies, immunizations, current medications, and social history including tobacco, alcohol and other substances)

Pediatric: birth history, feeding history, growth and development, childhood illnesses

Performs a physical examination including:

1. Skin
2. Head, eyes, ears, nose, throat
3. Neck
4. Chest wall and back
5. Heart
6. Lungs
7. Breasts
8. Abdomen
9. External genitalia, male and female-
10. Pelvic-
11. Rectal
12. Extremities
13. Joints
14. Pulses and general peripheral vascular examination
15. Reflexes and general neurologic examination
16. General functional assessment
17. Pediatric physical examination
18. Well newborn examination

Performs relevant elements of a physical examination proficiently.

Psychiatric examination- General mental status examination

Performs selected basic procedures proficiently, such as:

1. Incision and drainage of superficial abscesses
2. Injections: intra-dermal, subcutaneous, intramuscular, intra-articular or intravenous
3. Removal of cerumen from ear
4. Suturing simple lacerations with local anesthesia
5. Apply temporary/emergency orthopedic splint
6. Skin biopsy
7. Universal precautions
8. Work with sterile technique (e.g. gloving, sterile dressing change)
9. Pap smear

Observes and/or describes selected advanced procedures knowing indications, complications and limitations, such as:

1. Arthrocentesis
2. Circumcision
3. Fetal/labor monitoring
4. Childbirth/delivery

Performs and/or interprets lab and diagnostic tests

1. Heme-occult test
2. Urine pregnancy test
3. Cervical culture

States the most likely diagnosis and management plan for common patient problems

Provides education and prevention plans to patients while caring for immediate physical problems

- The student is able to integrate the approach of care to individuals, families, and communities, taking advantage of opportunities for prevention and education in addition to the immediate physical care

Use information technology in patient care

- The student is able to provide continuing care and management for both chronic and acute medical problems and provide appropriate plans for prevention
- The student is able to use information technology to assist patient care decisions, generate plans and in educating patients

VI. Professionalism Competencies

- Knows and teaches the elements of professional behavior in interactions with other people in clinical, academic, and co-curricular activities
- The student identifies the elements of professional behavior, can explain the meaning of each element: respect, compassion and empathy, altruism, honesty, accountability and excellence
- The student gives examples of how each of the elements of professionalism applies to Year 5 and Year 6 coursework for the baccalaureate--MD degrees and actively demonstrates them by his/her own behavior.

Demonstrates specific professional behaviors listed below in patient care, academic, and co-curricular settings.

Respect The student shows courteous regard for patients, the preceptor, and health care team members, and acknowledges their views. In doing so, the student takes into account different value systems and life styles of people with whom they interact while being aware of his/her own value system and life style.

Compassion & Empathy
The student interacts with patient, patient families and members of the health care team in an appropriately empathic and compassionate fashion. He/she utilizes empathy as a therapeutic technique.

Altruism The student resolves potential conflicts between his/her own needs and the legitimate needs of his/her patients or health care team members appropriately and can discuss a credible rationale for the resolution. He/she can explain the importance of altruism in medicine to younger students

Honesty The student is honest in all aspects of coursework for the baccalaureate-MD degree and takes responsibility for his/her errors in the patient care setting.

Accountability

The student carries through on assignments and other responsibilities; attends all required clerkship sessions; arrives promptly for rounds and clinics; keeps scheduled appointments; accepts personal responsibility for assigned patients; and completes course evaluations in a timely and thoughtful fashion. On the preceptorship, the student advocates for quality patient care and for better health for their patients and the community.

Excellence The student searches out opportunities to learn; demonstrates lifelong learning skills; endeavors to excel in coursework and scholarship.

Identifies ethical issues in medicine, evaluates ethical choices, and recommends, and defends those choices.

- The student is able: to identify ethical issues and choices in patient care and health policy in his/her clinical experience; to evaluate alternative ethical courses of action by analyzing and articulating reasons for the relative importance of the different ethical considerations bearing on each choice; and select and ethically defend a course of action.

Confronts own ethics and values in relation to complex ethical issues in medicine and the perspectives of other people.

- The student can confront his/her own ethics and values as they relate to more advanced ethical issues related to their experiences in the preceptorship
- The student develops a deeper appreciation for his/her personal beliefs by presenting and defending his/her position while acknowledging the beliefs of others.

The UMKC School of Medicine prepared an *Experienced-Based Curriculum Guide* to assist faculty and students in focusing on the competencies determined to be necessary for graduating students to be safe physicians. The full version of the Guide is available on the school of medicine website or by following this link: <http://www.med.umkc.edu/curriculum/ebc.shtml>.

SECTION 3: LEARNING OPPORTUNITIES- NON-CLINICAL

Lecture

During orientation, a lecture will be given that addresses rural health care, primary care, and health care system delivery. This is the only formal lecture during the block. There will also be an interactive discussion on Wellness visits and preventive medicine.

Complete 20 cases on Aquifer (formerly MedU). This website is sponsored by the Society of Teachers of Family Medicine (STFM).

To get to the website, go to: https://www.meduapp.com/users/sign_in (The link will be on Canvas). Click on the Family Medicine II – Preceptorship course for your block. You will complete the following cases: Family Medicine 4, 5, 7, 15, 20, 21, 22, 26, 27, 28, 31, 32, and 33, as well as Internal Medicine cases 2 and 16, and Pediatrics cases 1, 2, 3, 4, and 13.

During the Family Medicine I clerkship you completed the other 20 fm cases. These cases can be reviewed by entering the Aquifer Family Medicine course. **The final exam for Family Medicine II clerkship will be a standardized exam produced by Aquifer that will cover all 40 cases.** As you know, at the end of each case is a summary of what was discussed. Reviewing the summary

pages for the previously completed 20 cases will be helpful in preparing for the exam. (Let Emily Wade know if you have difficulty accessing the FM I cases.)

For the 20 cases completed during this rotation, review of the summary alone will not prepare you for the exam. It is imperative that you work through each of the “new” FM II cases and use the summary just for review.

Canvas Assignments

There are a total of 6 assignments during the block: first day impressions, 4 discussion questions (one per week), and final day impressions. The first day impression should be completed by the end of the first day of working with your Preceptor. Each week a new discussion question will be posted on Canvas asking about issues commonly seen in practice and how your preceptor deals with those issues. The questions are opened on Canvas each Sunday of the block. Every student must participate in the weekly discussions and you are encouraged to read comments from your fellow students. The final day impression can be done on the last day or two during your clinical experience. All assignments **must** be completed by the end of the Wrap-up Session day.

SECTION : 4 LEARNING OPPORTUNITIES- CLINICAL

The major learning opportunities during this clerkship will be in the clinical settings with your preceptor. Each patient encounter is a unique opportunity to expand your knowledge. You are responsible for your learning by actively engaging in patient care, asking questions, and using online or textbook resources. We encourage you to “read your day”—look up a topic in the evening you addressed that day in the clinic. This increases knowledge retention.

Dress Code: Professional dress is expected during your experience in the preceptor’s office. No scrubs, jeans, or revealing clothing should be worn. The dress after the first day should be influenced by the preceptor, e.g., if your preceptor always wears a tie, follow suit.

SECTION 5: COURSE REQUIREMENTS AND GRADING

Students are expected to maintain all of their Preceptorship responsibilities throughout the block. The final grade for Family Medicine Preceptorship is a combination of clinical performance (as judged by your preceptor), completion of assignments described below, completion of on-line cases, attendance at orientation and wrap up sessions, and exam score.

1. **Attendance at Orientation.** An unexcused absence will result in a grade of “F” and require the student to reschedule the clerkship. Students arriving after the session has begun will lose 30 points.
2. **Training with your preceptor.** Students must attend the entire onsite Preceptorship. Meet with your preceptor on the first day and discuss each other’s expectations.
3. **Complete the first day impression on Canvas by the end of the first day working with your Preceptor.**
4. **Mid-month review** – Per the School of Medicine policy, students must have a mid-month review done by the preceptor. You will be sent a reminder to ask the Preceptor to complete this requirement, assessing both strengths and weaknesses. Students are to select one or two of

the weaknesses to focus on for the remaining two weeks. The student **must** enter the review in Canvas.

5. **Maintain and submit patient log:** Students are to keep a partial record of the patients they see each day. Logs are to be entered in the Oasis requirement checklist at <https://umkc.oasisscheduling.com/>

Students are expected to enter data in the Oasis requirement checklist on a weekly basis. If you do not have daily access to the internet, you may use the form provided on Canvas and update Oasis when you have internet access. You must complete the Oasis assignment by midnight of the last day of the clerkship in order to receive full credit. A minimum of **22 patient entries** is required for this clerkship. There must be at least **10** patient entries with **chronic** medical problems, at least **10** patient entries with **acute** medical problems, and at least **2** entries for **procedures**.

Per School of Medicine policy, failure to complete the Oasis requirement checklist will result in lowering the final grade by one level, e.g., High Pass to Satisfactory Pass.

6. **Learn new procedures.** A list of suggested procedures is presented earlier in the syllabus. You should assist with/perform at least two procedures. We recognize that some physicians do few procedures in the office. For students with a preceptor who is a Doctor of Osteopathy, learning a musculoskeletal manipulation will count as a procedure. Procedures are to be recorded on the Oasis requirement checklist.
7. **Complete 20 cases on Aquifer**, as discussed above. (40 cases for OMFS students)
8. **Participate in the on-line discussions via Canvas Website** as discussed above.
 - Question 1 - due the first Sunday of the block
 - Question 2 - due the second Sunday of the block
 - Question 3 - due the third Sunday of the block
 - Question 4 - due the fourth Friday of the block (see Canvas for exact due dates.)
9. **On your last day in the preceptor office, complete the last day impression on Canvas.**
10. **Attend the wrap-up session:** Held the last working day of the block. You will have an opportunity to share experiences and give feedback regarding the rotation. An unexcused absence will result in a grade of "Fail" and the need to repeat the clerkship. Students arriving after the session has begun will lose 30 points.
11. **Take the written exam.** There will be a **100 question comprehensive exam** based on the fm Cases assigned in the Family Medicine I Clerkship and in Family Medicine II Preceptorship. The test will contain multiple choice and true/false questions. Students who fail the exam on the first attempt cannot achieve higher than a marginal pass for the course.

Note: Students failing the exam will be permitted one (1) retake which must be taken by the last day of the block following the Wrap-up session, regardless of vacation or out of town elective following Preceptorship

You will also complete a **20 question quiz** on the lecture presented during orientation. The exam and quiz will be administered immediately following the Wrap-up session.

12. Preceptor evaluation of your performance will be based on the competencies described in the syllabus.

Performance Criteria

Communication and interpersonal skills
Medical knowledge
Patient Care
Practice based learning and improvement
Systems based practice

Professionalism:

In general, the student behaves professionally. The School of Medicine sets the following Professionalism expectations for students:

1. Is honest, respectful, polite, compassionate and empathetic;
2. Respects the privacy and dignity of patients;
3. Accepts personal accountability, is well prepared for and completes clinical responsibilities in a timely manner;
4. Actively seeks out and acknowledges patients' opinions, cultural preferences, and contributions toward their own care;
5. Behaves ethically and legally at all times;
6. Develops rapport with patients such that patients identify the student as one of their healthcare providers. Checks on patients and spends extra time talking with patients and families as appropriate.

Preceptorship Grading Criteria

COMPONENT	ASSOCIATED POLICIES	WEIGHT TOWARD FINAL GRADE
Clinical Performance Evaluation by Preceptor	Each competency is broken into sub-components, Preceptors rate students on a scale of 0 to 4. All sub-components are averaged within a competency, and then all competencies are averaged for the final score. Students who earn a 0/fail in any one sub-component or who average less than 1.80 in any one competency are not eligible to receive	40%

	Honors, High Pass, or Satisfactory Pass in the clerkship. Students who regularly fall below the professionalism expectations of the School of Medicine despite receiving feedback OR who have an egregious lapse in behavior will fail the clerkship.	
fmCases Exam	Students who earn less than 50% on their first attempt at the exam and subsequently pass on a second attempt will earn a Marginal Pass in the clerkship.	40%
Rural Medicine Quiz		10%
Other Assignments	<ul style="list-style-type: none"> • Orientation = 100 points (deduct 30 points if late) • First Day Impressions = 25 points • Canvas Discussion = 100 points (4 questions@25 points) • Mid-month evaluation = 50 points • Final Day Impressions = 25 points • Wrap-up Session = 100 points (deduct 30 points if late) 	10%
Patient Log	Students must enter all required patient data into the patient logs by the last day of the clerkship to show their clerkship requirements have been met. Students who fail to meet this patient log requirement will have their final grade in the clerkship reduced by one level (e.g., honors to high pass).	

The clerkship uses the following formula to convert students' scores for each grading component onto the same scale and to apply the weights shown above:

(Clinical Performance Evaluation score X .40) + (fmCases Exam X .40) + (Rural Medicine Quiz X .10) + (Other Assignments X .10)

Final Preceptorship Grading Scale:

- Honors = 89 – 100
- High Pass = 82 – 88.9
- Satisfactory Pass = 70 – 81.9
- Marginal Pass = 58 – 69.9
- Fail = <58

Additional Grading Criteria

The Final Preceptorship Evaluation submitted on Oasis and to the Council of Evaluation is based on *all the requirements listed*, not just the Preceptor's clinical performance evaluation.

UNEXCUSED ABSENCES- Family Medicine Preceptorship

Legitimate emergencies do happen but you are required to contact your Preceptor, the preceptorship coordinator and preceptorship director at the time of the event or within a timely manner. If a student is not excused for an absence, the following consequences apply:

1. One unexcused absence:

- a. Student's grade will be lowered one level—e.g., from high pass to satisfactory pass.
- b. A comment will be entered on Oasis regarding the lack of responsibility.

2. Second unexcused absence:

- a. The student **fails** the clerkship.
- b. The student's docent will be notified.
- c. A failing grade will be entered for Professionalism on Oasis.

SECTION 7: POLICIES AND PROCEDURES

The following policies and procedures are provided for consistency among the various required clerkships at the UMKC School of Medicine. Some policies include additional information pertinent to our clerkship.

Statement on Discrimination, Intimidation, & Sexual Harassment (Policy on the Mistreatment of Students)

The faculty, administration, staff, and students of the University of Missouri-Kansas City are dedicated to the pursuit of knowledge and the acquisition of skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to create a culture of respect everywhere on campus and at all times through our actions and speech.

As a community of learners, we are committed to creating and maintaining an environment on campus that is free of all forms of harassment, intimidation, and discrimination. Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated.

Should you, a friend, or a colleague ever experience any action or speech that feels coercive or discriminatory, you should report this immediately to the course/clerkship director, coordinator or department chair; to the Associate Dean for Diversity and Inclusion, (at 816-235-1780 in the Dean's

Office Suite); and/or the Affirmative Action Office. The Affirmative Action Office, which is ultimately responsible for investigating all complaints of discrimination or sexual harassment, is located at 218A Administrative Center, 5115 Oak Street; the office may be contacted at 816-235-1323.

All formal complaints will be investigated and appropriate action taken.

Accommodation

Who is eligible for services? The Office of Services for Students with Disabilities is available to assist any University of Missouri-Kansas City student with a diagnosed disability that substantially limits them in one or more major life areas. Because each person is unique, we ask that you contact us for an appointment so that we can discuss how best we may assist you. Contact us at 816-235-5612 or at disability@umkc.edu.

If you are eligible to receive testing accommodations, you must provide official written documentation of your need for testing accommodations on the first day of class or clerkship. The clerkship director will make arrangements for your testing accommodations. The following is the website for services for students with disabilities <http://www.umkc.edu/disability/default.asp>.

Students who encounter difficulty in their course because of the English proficiency of their instructors should speak directly to their instructors. If additional assistance is needed, they may contact the UMKC Help Line at (816) 235-2222 for assistance.

Standards of Professional Conduct

The clerkship director or faculty member shall report any alleged academic dishonesty to the School of Medicine Honor Council. Details of the policies, procedures, sanctions, and due process for violations of the University of Missouri-Kansas City School of Medicine Student Conduct Code are found at: <http://med.umkc.edu/docs/hc/HC-Prof-Conduct-Procedures.pdf>. Examples of academic dishonesty include, but are not limited to, the following:

Cheating: 1) use of any unauthorized assistance in taking quizzes, tests, or examinations; 2) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; or 3) acquisition or possession without permission of tests or other academic material belonging to a member of the University faculty or staff; 4) in any way giving assistance to others who are participating in any of the three preceding types of behavior; or, 5) falsifying attendance records or other official documents.

Plagiarism: 1) use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical reference; 2) unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials; or 3) unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators. The detection may involve the use of commercially available software.

Professional Demeanor: Details of the policies, procedures, sanctions, and due process for violations of the University of Missouri-Kansas City Student Conduct Code are found in the University of Missouri Kansas City General Catalogue: http://www.med.umkc.edu/council/coe_documents/COOE_Policy_Manual.pdf

Academic Inquiry, Course Discussion, and Privacy

University of Missouri System Executive Order No. 38 lays out principles regarding the sanctity of classroom discussions at the university. The policy is described fully in Section 200.015 of the Collected Rules and Regulations. In this class, students may make audio or video recordings of course activity unless specifically prohibited by the faculty member. However, the redistribution of any audio or video recordings of statements or comments from the course to individuals who are not students in the course is prohibited without the express permission of the faculty member and of any students who are recorded, including those recordings prepared by an instructor. Students found to have violated this policy are subject to discipline in accordance with provisions of Section 200.020 of the Collected Rules and Regulations of the University of Missouri pertaining to student conduct matters.

The following link contains more information regarding this executive order:

<http://info.umkc.edu/provost/2012/01/31/executive-order-38-academic-inquiry-course-discussion-and-privacy/>

Policy on Student Duty Hours

[http://med.umkc.edu/docs/policies/Student Workload and Clinical Duty Hours for Clerkships.pdf](http://med.umkc.edu/docs/policies/Student_Workload_and_Clinical_Duty_Hours_for_Clerkships.pdf)

Clerkships and clinical rotations must be committed to promoting student well-being and to providing a supportive educational environment. The learning objectives for the clerkship should not be compromised by reliance on students to see and manage patients. Didactic and clinical education must have priority in the allocation of students' time. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Duty hours are defined as all clinical and academic activities related to the program: patient care, administrative duties related to patient care, time spent on-call and scheduled activities, such as conference.

Clinical Duty Hours must not exceed 60 hours per week, averaged over a four- week period, inclusive of all in-house call.

- Students must be provided with 1 day in 7, free from all required educational activities and clinical responsibility averaged over a 4-week period, inclusive of call.
- Adequate time for rest and personal activities must be promoted. Students should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods and after in-house call.
- Continuous on-site call duty should not exceed 24 consecutive hours, however, Students may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty.

Students' evaluations of the clerkship will be used to monitor compliance with this policy. Clerkship directors agree to review student evaluations and are prepared to discuss compliance at the clerkship director subcommittee meetings. Council on Curriculum will also review compliance with this policy

through the biennial review process. Students may report directly to the Clerkship Director, education coordinator for the clerkship, or the Council on Curriculum if required clinical duties or educational activities exceed the duty hours set forth by this policy.

Excused and Unexcused Absences and Holiday Policies

<http://med.umkc.edu/docs/curriculum/Res-Interview-ExAbsences.pdf>

EXCUSED ABSENCES- Family Medicine Preceptorship

The school recognizes there may be a need for students to take time away from clinical responsibilities, e.g. emergencies, death in family, hospitalization, etc. Excused absences must be approved by the Clerkship Director in advance and will be accommodated only to the extent that such absences do not interfere unreasonably with the goals and objectives established for the clerkship. **No student will be excused on the date of Preceptorship Orientation or Wrap-up/examination.**

Students requesting an excused absence from Preceptorship for any reason (other than “personal days” described below) must make arrangements with the Preceptorship Director. Failure to do so by two weeks prior to the clerkship start date may result in an unexcused absence.

Excused absences must be approved by the Preceptorship Director and/or Clerkship Coordinator in writing and will generally be allowed for reasons described at:

[Clerkship Absence Form 2019-2020.pdf](#)

Students must complete the “Request for Clinical Clerkship Excused Absence” form and follow the procedures as listed on the form.

Personal Days:

Students are allowed two personal days per academic year, which they may use for religious (or any) reason and without having to specify that reason. Students must submit requests for personal days directly to the Office of Student Affairs in advance of the Preceptorship. If approved, the Office of Student Affairs will notify the student and the Preceptorship Director.

Unexpected or unplanned absences should be immediately reported to the Clerkship Director and Coordinator. It is at the Clerkship Director’s discretion to determine if an unplanned absence is excused or unexcused based on any extenuating circumstances provided.

Note: The maximum number of excused absence days that will be considered for approval during Family Medicine Preceptorship is two (2) days. (This includes personal day.)

UNEXCUSED ABSENCES- Family Medicine Preceptorship

Unexcused absences occur when any of the above conditions are not met. Legitimate emergencies do happen but you are required to contact your Preceptor, the preceptorship coordinator and preceptorship director at the time of the event or within a timely manner. If a student is not excused for an absence, the following consequences apply:

3. One unexcused absence:

- a. Student’s grade will be lowered one level—e.g., from high pass to satisfactory pass.

b. A comment will be entered on Oasis regarding the lack of responsibility.

4. **Second unexcused absence:**

c. The student **fails** the clerkship.

d. The student's docent will be notified.

e. A failing grade will be entered for Professionalism on Oasis.

For any *unanticipated* absences, students should **immediately** notify their clerkship coordinator and Preceptor's office by phone AND send an email to the coordinator and clerkship director. This should occur at the time of the event or as soon as possible following the event.

Per Council on Evaluation policy, "A student will receive a 'Fail/No Credit' grade if s/he is absent for any reason, either excused or unexcused more than 5 working days from a one-month required rotation".

HOLIDAY POLICIES

1. All students shall receive the following holidays off of rotations: Independence Day, Thanksgiving, Christmas Day, Labor Day, New Year's Day, and Memorial Day
2. Students shall not take call and will be excused by 5:00 pm the night before each of the above holidays.
3. Students will resume rotation duties the morning after each of the above holidays.

Religious Holidays and Practices

Medical professions students are expected to cover their clinical responsibilities as scheduled unless alternatives for coverage have been obtained. This 24/7/365 responsibility for patient care that they share with their physician and physicians-in-training colleagues may require them to work on religious holidays or may conflict with religious practices. As mentioned above, students are allowed **two personal days** per academic year, which they may use for religious (or any) reason and without having to specify that reason.

Note: Since some holiday dates may change from year to year, it is a good idea to consult pertinent websites, (e.g. <http://info.umkc.edu/diversity/events-programs/religious-calendar/>) for actual dates for a given year. For additional information, contact Nathan (Nate) Thomas III, PhD, thomasen@umkc.edu

Inclement Weather

In case of inclement weather, students in the Kansas City region will adhere to the UMKC SOM Inclement Weather Policy. However, students in other areas of the state may experience significantly different weather—better than or worse than the weather in Kansas City region. Therefore, common sense must be used. Safety of the student is of utmost importance, and driving in unsafe conditions is not an option. The individual student should contact his/her preceptor and agree on a safe plan. If the student is concerned the preceptor's decision is not a safe one, he/she should call the Clerkship Director or the administrative coordinator for assistance.

Should the Chancellor determine that classes are to be cancelled and/or the University closed due to inclement weather, the School of Medicine shall implement the following steps for courses and clerkships: If UMKC Volker campus has closed, there will be no School of Medicine course activities that day. This includes regularly scheduled lectures, laboratories and learning activities.

Clinical activities will also be suspended in the following way:

1. If notification occurs by 5:30 a.m. using the UMKCA! System students are excused from clinical duties. The UMKC-SOM will communicate an announcement from the Dean's office by email to course directors, clerkship directors, program directors, and UMKC faculty and staff when this has occurred.

Clerkship directors will also make efforts to communicate to faculty and to students on their rotation either by email or through Canvas when clinical duties are suspended. Students do not report for clinical duty for that day. Students will also receive communication from the Dean's office by email but may call or communicate with their clerkship director, attending or supervisory resident, or the coordinator for the clerkship to confirm.

2. If notification occurs during the day or before 3:00 p.m. for evening events and classes, the UMKC SOM will communicate an announcement from the Dean's office to course directors, clerkship directors, program directors, and UMKC faculty and staff when this has occurred.

Specific information regarding the weather status at the School of Medicine will be placed on the SOM website and SOM primary telephone number (816-235-1808) to reflect the same weather closure information on the UMKC primary website. The site and telephone recording will reflect information regarding any testing schedules that may be affected. Students should be excused immediately from clinical duties in order to return home safely.

Clerkship directors should also make efforts to communicate to faculty, residents, and to students on their rotation by email or through Canvas when clinical duties are suspended, especially if students will be coming to the hospital for clinical duties after business hours. Students will also receive communication from the Dean's office by email but may call or communicate with their clerkship director, or attending or supervisory resident, or the coordinator for the clerkship if before 5:00 pm.

If the closure occurs during a scheduled internal clerkship examination, contact the coordinator for information on when the examination will be rescheduled.

Subject Examinations will be suspended in the following way:

1. If classes are cancelled at the time a subject examination is scheduled, the School of Medicine will not administer the subject exam that day, but will reschedule it for the following evening. For CBSE on Saturdays, the school will notify students and proctors by e-mail that it will be rescheduled and depending on the weather possibly for Saturday afternoon or Sunday afternoon.
2. Students will be responsible for providing up-to-date e-mail addresses on OASIS and for checking their e-mail for notification

Course Evaluation Compliance Policy

The School of Medicine continually and systematically collects, utilizes, and responds to students' feedback regarding medical school courses, rotations, and clerkships. Students' perceptions are a critical component of the curriculum evaluation process. Faculty, department chairs, and the Council on Curriculum carefully review student ratings and comments in order to promote positive curricular change. Therefore, students are required to complete evaluations of all courses, rotations,

and clerkships that the School of Medicine requires by using OASIS. The OASIS evaluation form will be available for student use for a total of 14 days, seven prior to the close of the course, rotation, or clerkship and seven after the course, rotation, or clerkship is over.

The following link contains additional information on this policy:

<http://www.med.umkc.edu/curriculum/clerkship.shtml#course>

“The course materials that I author, including but not limited to, Power Point slides, Canvas screen shots, class hand-outs, and course syllabi are my intellectual property and are protected by copyright law. You may download and make copies of my course materials for your own use. You are not allowed to publicly reproduce or distribute these materials, or enable others to do so without my express written consent.” Ed Kraemer, MD

Failure to comply with this direction may constitute a violation of the Student Conduct Code, section 200.010, Collected Rules and Regulations of the University of Missouri

http://www.umsystem.edu/ums/rules/collected_rules/programs/ch200/200.010_standard_of_conduct.”

Exposure to Infectious/Environmental Hazards Policy

To find more information regarding the procedures for attending to an occupational exposure, please visit: med.umkc.edu/docs/sa/Immunization_and_Exposure_Procedure.pdf