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Welcome

Thank you for your work and dedication in helping the next generation of doctors. As a community-based faculty member (or preceptor), you play a key role in the education of our medical students. Your role as a mentor for future physicians is:

- to expand their knowledge base.
- to teach, evaluate, and help them practice new skills.
- to enable them to problem-solve and to emulate you as a clinician and member of your community.

We are guided by a strong commitment to our students and ensuring they have a strong commitment to the patients they serve. You can find further information about the University of Missouri School of Medicine [here](#) and access The School of Medicine's code of conduct [here](#).

The preceptor handbook is intended as a guide to inform current preceptors about expectations associated with their teaching role and responsibilities. [Links to the MU School of Medicine's website](#) are embedded throughout the handbook to enhance access to timely, accurate information. The language used throughout should not be construed as a contract between the University of Missouri and any of its community-based faculty, or a promise of employment for any specific duration.

Clinical Campuses Curriculum & Assignment Process

The University of Missouri School of Medicine offers two clerkship campuses for clinical level training, one in Columbia, Missouri and one in Springfield, Missouri. Up to 25% of the total class are assigned to the Springfield campus, with the remaining students being assigned to the Columbia campus for [their third and fourth years](#). All medical students will be in Columbia for their first and second years during the [pre-clerkship curriculum](#).

All admitted Mizzou Med students will be assigned a clinical campus location before the start of their M1 year. This process typically takes place in July prior to matriculation through a lottery process which takes admitted students' campus preferences into consideration. It is important for all potential students to know that they could be located in either Columbia OR Springfield for their last two years of medical school. More information about the clinical campus assignment process will be discussed during the admissions interview and upon acceptance.

The office of Admissions manages the clinical campus assignment process for all incoming medical students. For questions regarding the clinical campus assignment process, please reach out to admissions at mizzoumed@missouri.edu.

Springfield Clinical Campus

The Springfield Clinical Campus (SCC) has a public/private partnership with [CoxHealth](#) and [Mercy](#) hospitals and their doctors to provide patient-centered care for the people of Missouri and beyond. The Springfield Clinical Campus opened in 2016 and has more than 350 physicians serving as MU faculty members who represent nearly every specialty and serve as the training ground for up to 28 students per class.

The MU School of Medicine model explicitly focuses students' attention on the people they are preparing to serve, and students' clinically based education will draw on the patient-centered care provided by CoxHealth, Mercy and [University of Missouri Health Care](#). MU's unique partnership will serve as a model for other areas of the state — and nation — that face shortages of health care professionals.

Housed in the same building as the Springfield Clinical Campus is the Russell D. and Mary B. Sheldon Clinical Simulation Center. SCC faculty use the Sheldon Clinical Simulation Center to improve the education of medical students. With the aid of advanced technology at the simulation lab, students and health care professionals can conduct medical

procedures while receiving feedback in real time. The simulation mannequins have the ability to breathe, have a pulse, and are also equipped with organs that can react to various stimuli. For more information about the Sheldon Clinical Simulation Center, direct any questions to sheldensimulationaha@health.missouri.edu.

Columbia Clinical Campus

The Columbia Clinical Campus entails clinical years through [University Hospital](#), [Women's Hospital](#), [Children's Hospital](#), and with a partnership through the [Harry S. Truman Memorial Veterans' Hospital](#). With the MU School Of Medicine expansion to Springfield, a portion of each medical school class will have their clinical years in southwest Missouri, while the majority of the class remains in Columbia.

The MU School of Medicine has continuously addressed Missouri's critical physician shortage with its Springfield Clinical Campus, Rural Scholars Program, and Rural Residency Program.

Essential Information for Community-based Faculty (preceptors)

MU School of Medicine's Vision, Mission, Goal Statements, and Key Characteristics of Graduating Students and Residents

Mission:

To save and improve lives – through exemplary education, research and patient care.

Vision:

We will be the premier and transformational academic health system for Missouri.

Values:

Inclusion, Diversity & Equity
Respect
Service
Discovery
Responsibility
Excellence

MU School of Medicine Policies

For a comprehensive description of medical school policies, [page here](#).

MU School of Medicine Curriculum

Third-year medical students have completed the first two years of medical school, which consists of Basic Science/Patient-Based Learning (PBL) and Introduction to Patient Care (IPC). See [our page on medical education curriculum](#) for more information about years one and two, and [here for more information on medical education curriculum for the third year](#).

Objectives and evaluation expectations, utilized for both onsite *and* community-based clinical rotations, will be provided by the clerkship director and/or the student coordinator from the appropriate clerkship department. Information for each clerkship can be found on the following websites:

3rd Year Clerkships

Pediatrics:

During this clerkship, students will use the skills they already have and learn additional skills and techniques that will aid them in the care and evaluation of the pediatric patient. During this rotation, students will have opportunities to provide pediatric care in a variety of clinical environments, which may include inpatient ward services, outpatient primary care & specialty clinics, emergency department, and the newborn nursery. This is

an exciting and busy clerkship where we anticipate students will learn a lot about children and their unique medical care.

Family Medicine:

This seven-week family medicine clerkship for third-year students to prepare for patients of all ages in the ambulatory and inpatient setting, from managing acute health concerns to chronic disease management, to preventive health care. Core learning experiences for the clerkship take place in ambulatory clinic settings, but students also see patients in the hospital. Students work with MU Health Care family physicians for four weeks, and they spend three weeks offsite working with family doctors statewide.

Internal Medicine:

The Medicine clerkship is a seven-week experience focusing on inpatient and outpatient care of adult patients. Students will complete four weeks of inpatient experience in addition to one week of general medicine outpatient and two weeks of specialty care. Rural Scholars students will have a combination of inpatient and outpatient internal medicine as well, with specialty experiences integrated when available.

Neurology:

Throughout this clerkship, the student will be provided with the tools necessary to become competent with localization, diagnosis of common neurological disorders, and their management. At the completion of this clerkship, a successful student will have the ability to understand the intricacies of the neurologic patient as it pertains to patient and family centered care. Objectives will be achieved through a variety of instructional methods. Core competencies interwoven throughout medical training will be stressed. These core competencies will include patient care, medical knowledge, practiced based learning and improvement, systems-based practice, professionalism, and interpersonal skills/communication.

OB/Gyn:

Students will enhance their knowledge, skills, and attitudes about patient-centered care through active participation in direct patient care activities. Students will integrate previously acquired knowledge and concepts and apply them to the care and management of patients.

Psychiatry:

During the psychiatry clerkship, students will spend time on adult and child inpatient and outpatient psychiatry, consultation and liaison psychiatry and addiction medicine, depending on the campus and rotation assignments. Students will also get some exposure to emergency psychiatry through on-call duty with preceptors and residents.

Surgery:

The Surgery Clerkship is a required surgical rotation of 7 weeks offered to students following completion of the preclinical curriculum. Emphasis is placed upon the evaluation and management of patients with surgical disorders. Students may participate in the Surgery Clerkship at the Columbia or Springfield campuses and as part of the Rural Scholars Program. The first week consists of orientation and simulation. For three weeks, students rotate on a general surgery service. For three weeks, students rotate on three separate specialty services. Students participate in the preoperative, operative, and post-operative care of surgical patients in the in-patient, out-patient, and on-call settings. Faculty discussions are presented on a wide variety of surgical topics. Evaluation and grading are consistent with other clinical clerkships. Many activities are standardized, but individual student experiences are quite variable.

LINC (Rural Longitudinal Integrated Clerkship) (website coming soon):

The rural longitudinal integrated clerkship (LINC) includes medical students in patient care over time, allowing enduring learning relationships to develop with patients and physician-teachers. Students meet all required core clerkship competencies through interwoven, longitudinal experiences in the clinical training year. In contrast to a block curriculum, students meet and follow their patients across multiple settings of care and different disciplines over several months. Students participate in the continuity care of rural patients across a spectrum of ages and conditions in the outpatient clinic, hospital, operating room, emergency department, and even at home. Students are exposed to the benefits and challenges of providing team-based rural medical care for these unique, diverse, and high-risk populations.

4th Year Selectives and Electives

The fourth year consists of selectives and electives that students choose. [Read more on the curriculum, and view the catalog for a sampling of courses available for registration here.](#)

The Student Assignment Process

Preceptors will be contacted by a staff member from the Springfield Clinical Campus, Rural Scholars, or Family Medicine prior to each student rotation via email. The email will include a block reminder about assigned student rotation(s). If any problems arise during the rotation, contact a staff member at the appropriate location for guidance. Contact information for staff for the Springfield Clinical Campus, Rural Scholars, and Family Medicine can be found in Appendix A of this handbook.

Teaching Medical Students

Every physician's practice offers unique opportunities for medical students to expand their knowledge and skills and develop professional attitudes. Preceptors are encouraged to customize students' learning experience using the clerkship objectives as guidelines. The MU clerkship director may contact the preceptor during the rotation to see if there are any questions or concerns about curriculum or evaluation, but preceptors are encouraged to contact the director if anything arises before, during, or after the clinical rotation.

Initial Preceptor Responsibilities

On the first day, review with the student how the student should function. Negotiate appropriate expectations and make sure they are clear, especially regarding how much independence students will have in evaluating patients. It is suggested preceptors meet with the student weekly to review the week's activities and to develop a plan for the next week. Rotation lengths vary by clerkship.

Learning in the Clinical Setting

Professional education must prepare students to be self-directed learners and problem solvers. In clinical teaching, the challenge is to be prepared to discuss a diversity of medical problems without knowing what to prepare for prior to the rotation. Clinical teachers must attend to the developing knowledge base, the development of requisite skills, and the appropriate professional attitudes of the medical students. Clinical teaching attempts to provide maximum learning for the students at minimal risk to the patient. The science of medicine is changing rapidly, and today's knowledge may be outdated in the near future; thus, clinical reasoning skills are more important than the memorization of facts.

In clinical teaching, three obvious factors contribute to the learning situation: the teacher (preceptor), the student, and the patient. A fourth component, often overlooked, is the teaching setting. There are numerous opportunities for students to learn, including outpatient clinics, inpatient service, bedside visits, home visits, case conferences, and rounds.¹

¹ Douglas KC, Hosokawa MC, Lawler FH. (1988) *A practical guide to clinical teaching in medicine*. Springer Publishing Company, pages 7-18.

Evaluation of Medical Students

Each clerkship (except for the Rural LINC) uses an online evaluation process called the Faculty Evaluation System (FES). Community-based faculty members will receive complete instructions from the MU clerkship student coordinator prior to when evaluations are due. For the Rural LINC, the software platform MedHub is used for evaluations. All preceptors are expected to complete evaluations in a timely manner, as this is a requirement of the Liaison Committee on Medical Education (LCME), the accrediting body for the University of Missouri School of Medicine.

Philosophy

Student evaluation is a vital part of any educational process. In medical education, evaluation serves two purposes: to assess student performance and to provide students with information needed to continuously enhance their performance. The assessment component of evaluation is to determine whether each student is acquiring the appropriate knowledge and skills to function as a competent physician and is developing the values, attitudes and behaviors that characterize the high standards of the medical profession. The evaluation system serves the crucial function of quality control, ensuring that the medical degree denotes high standards of competence and professionalism.

Evaluation in medical education also serves the valuable internal function of providing feedback to students about their progress and areas requiring their attention. As adult learners, medical students should be self-directed and strongly motivated to use this feedback to maximize their potential. This requires continuous self-assessment and reflection to assure appropriate progress through the process of education. Results of formal evaluations are used by the faculty to judge the progress of students and are used by individual students for self-improvement.

Terminology

Summative Evaluation focuses on the results or outcomes of an educational event or an individual's performance. Examples include evaluations that determine if students will progress from M1 to M2 year, an examination that tests mastery of course material or demonstration of physical examination proficiency on a standardized patient.

Formative Evaluation is done to improve or change a person's performance or enhance a program during the educational episode. Formative evaluation provides information for both diagnosis of a problem and a prescription for change. Preceptors will most frequently participate in this type of evaluation.

The groundwork for a good evaluation process is laid on the first day of the rotation when the goals and expectations for student performances are clearly communicated.

Tips for Giving Feedback

- Before beginning, spend a few minutes preparing for the feedback session.
- Give feedback as frequently as possible and as close to the event as practical.
- Make feedback a part of "normal educational activities." Acknowledge the learner's effort and achievements no matter how small.
- Make a point of providing positive feedback for improvements made since the last feedback session.
- Involve the learner in a two-way dialogue prompted by questions like "What is your assessment?" or "How do you think things went?"
- Describe the behavior you observed without attributing value to it.
- Avoid undue emotion or generalities.
- Be precise in describing the event to be discussed.
- Be clear and specific about what should be changed.
- Focus on one or two things that the learner can change.

- Highlight the behaviors and learning issues that the learner can control.
- Describe the impact the behavior has on others (patient, other learners, evaluator).
- First give feedback describing what was done right, then what was done wrong, and conclude with what to do next time.
- Limit the feedback provided during any one session to one or two memorable messages.
- Use notes to remember specifics.

Remember to allow time for the learner to participate in the feedback session. Teachers influence the quantity and quality of the learner's speech by pausing, asking questions, and asking open-ended questions. This promotes two-way communication and helps the learner to address his or her learning goals. Salzman & Grasha (1991)² use the term "psychological size" to describe the impact one person has on another during the dialogue exchange. Teachers may use these strategies to equalize psychological size during feedback sessions:

- Make empathetic statements. Self-disclosures that a particular concept was also difficult for the teacher to master, if true, can be helpful.
- Use "I" and "we" versus "you" in the dialogue.

Share the amount of time spent talking with the learner. Through well-written goals and objectives, the learner gains an understanding of the expectations for the clinical rotation. Through multiple feedback sessions, the learner gains an understanding of their performance and areas in need of improvement. If both these processes are working correctly, evaluation flows from the feedback sessions.

Tips on Good Evaluation

- Link the evaluation with the objectives. Describe in clear, precise language the criteria that will be used to judge performance and/or learning.
- Describe in clear and precise language acceptable and unacceptable performance.
- Evaluate as soon as possible after the activity has been completed.
- Provide comments that describe specific strengths and weaknesses on which the evaluation is based.
- Use multiple sources of data (direct observations, written record, patient comments, peer comments).
- Provide the learner with an opportunity to discuss their evaluation.
- Help the learner understand how the evaluation will help them in their learning efforts.

Written Comments

Although written comments take more of the evaluator's time, they are a very important part of the evaluation process.

Written Comments:

- Provide documentation for the ratings.
- Are a source of motivation for high performing learners.
- Provide a road map for improvement for poor performing learners.
- Promote professional growth.
- Personalize the evaluation tool for individual learners.
- Are the first thing the learner looks for in the evaluation and are often remembered long after the numerical rating is forgotten.

Students need feedback on their performance throughout the rotation to change their behavior and improve their performance.

² Salzmann, J., & Grasha, A.F. (1991). Psychological size and psychological distance in manager-subordinate relationships. *The Journal of Social Psychology*, 131, 629-646.

Time Off from Clinic/Absences

Absence requests from clinic responsibilities due to illness or personal reasons must be submitted by the medical student using the established process as outlined in the [student handbook](#). It is the responsibility of the student to notify his or her preceptor about any approved time off and any absences due to illness or weather.

Student Independence & Supervision

Increasing amounts of independence should be considered each week as preceptors become more familiar with the students. It is important to balance the preceptor's need to work efficiently and effectively, the patient's right to see their physician, and the students' need to have hands-on experiences with some degree of independence. It is recommended that patients be asked first if they mind seeing a medical student. For the first day or two, students may only observe the preceptor. Then, if it is acceptable to the patients, students can do a history and physical examination and discuss findings and tentative plans with you. Preceptors can then evaluate the patient themselves and adjust the plan as needed. In most situations, this can be done several times each day.

For certain patients or types of problems, preceptors may need to limit the students' activity; for others, more independence is appropriate. It is desirable for students to have continuity with patients when possible. This will give students the experience of coordinating the care of a patient. Students may participate in a reasonable amount of call with their preceptor. For specifics, contact the clerkship coordinator and/or director. [Contact information for clerkship coordinators and directors can be found here.](#)

As the supervisor, the physician should always be readily available whenever students are providing care for a patient.

Preceptor as Role Model

In many ways, preceptors are a role model for the students, helping them see the challenges and rewards of practicing in a community. Preceptors are encouraged to talk with students about their role in the community, hobbies, interests outside of work, and what they do and do not like about community practice. It is also valuable to discuss how to balance professional and personal lives.

Study Days

It is essential that students develop lifelong learning skills. Please encourage students to read about selected topics relevant to the patients they are seeing and discuss their readings.

Steps for Obtaining Courtesy Faculty Appointments for Community-based Physicians

If a physician is interested in becoming a community-based faculty with the Springfield Clinical Campus, Rural Scholars, or Family Medicine, the first step will be contacting the appropriate staff member. Contact information can be found in Appendix A. Interested physicians will need their CV, license number, and to identify if they are board certified.

Once the above information is submitted, MU staff will forward the information to leadership, including the appropriate clerkship director and department chair, and the MU School of Medicine dean to review credentials. If approved, a welcome letter is sent to the community-based faculty member with the title granted and other relevant information. Preceptors receive a letter at the beginning of each academic year from MU staff that provides resources to assist in teaching students during the upcoming year and applicable MU SOM policies and curriculum components.

Courtesy faculty appointments are reviewed on an annual basis. Preceptor credentials are periodically reviewed to compile with the Liaison Committee on Medical Education (LCME) accreditation.

Preceptor Benefits

While the role of preceptor has its own rewards in helping shape future physicians, the School of Medicine recognizes the effort put into teaching, and offers benefits to community-based faculty.

Identification Cards

A university identification card (ID) may be issued to preceptors after they receive an adjunct faculty appointment, but the MU Faculty ID is created onsite at the university bookstore, the Mizzou Store. The Employee Identification Number (listed in the welcome letter) is required as well as a current driver's license or photo ID to verify identity. Lost ID cards should be reported to MU staff immediately.

University Bookstore

Faculty and staff receive a 10% discount on purchases made at the Mizzou Store. The bookstore carries a variety of merchandise, including textbooks, trade books, supplies, clothing, gifts and souvenirs. The MU Faculty ID card must be presented in person to receive the discount.

Libraries

All faculty and staff have extended borrowing privileges at any of the University of Missouri's libraries including Ellis Library, MU's main library, or J. Otto Lottes Health Sciences Library. To access online resources, community-based faculty will need to set up security questions and a password using the user id provided in the preceptor welcome letter.

<http://library.muhealth.org/>

<https://library.missouri.edu/>

Teaching Tiger Teachers

This MU School of Medicine initiative is designed to provide preceptors with helpful resources as they work with and teach students. [Teaching Tiger Teachers](#) provides short modules on a variety of pedagogical topics, such as providing effective feedback, the one-minute preceptor, and teaching procedural skills. Physician teachers may earn CME credit upon completion of a module and a short quiz.

Recreational Facilities, Cultural Events, and Galleries and Museums

In most instances, a university identification card must be presented to receive advertised discounts at recreational facilities, cultural events, and the galleries and museums on the University of Missouri campus in Columbia. More information about campus events and museums can be found on the University of Missouri's visitor page at

<https://missouri.edu/visit>.

CME Credit Letter

While the University of Missouri School of Medicine is unable to award CME credit to preceptors, the school can provide a letter to preceptors at the end of each academic year reporting the number of hours spent teaching students.

Preceptors can then use this letter to submit for CME credit, if desired.

Thank you for your interest in teaching MU SOM students!

Staff Contacts

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