



# COMMUNITY PRECEPTOR HANDBOOK

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University of Mississippi Medical Center  
School of Medicine



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# MESSAGE FROM THE ASSISTANT DEAN FOR ACADEMIC AFFAIRS

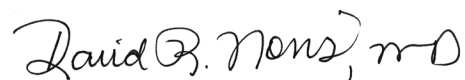
Dear Community Preceptor,

On behalf of the faculty, staff, and students at the University of Mississippi Medical Center (UMMC) School of Medicine (SOM), I want to extend my personal thanks to you for taking the time out of your busy schedule to educate the future generation of physicians. Our students value the time they spend outside of the academic medical center in the “real world of medicine.” We recognize that working with students adds an extra layer of complexity to medical practice, but we also know that teaching is rewarding in and of itself.

In this document, we share basic information about UMMC, the School of Medicine, and the medical education program. This information is intended to frame the educational experiences of the medical students with whom you work.

If at any time you have any questions, please do not hesitate to contact me ([drnorris@umc.edu](mailto:drnorris@umc.edu)) or the Office of Medical Education (601-984-5006).

Sincerely,

A handwritten signature in black ink that reads "David R. Norris, MD". The signature is written in a cursive, flowing style.

David R. Norris, MD, MA, FAAFP  
Assistant Dean for Academic Affairs  
Associate Professor, Family Medicine

# UMMC – WHO WE ARE

## Core Institutional Values

The University of Mississippi Medical Center's work is informed by five core values. They are:

- **Respect** – consideration and thoughtfulness with regard to others
- **Excellence** – the quality of being outstanding and superior
- **Accountability** – responsible to somebody and for something
- **Diversity** – intentional inclusion of psychological, physical and social differences of others
- **Integrity** – steadfastly adhering to principles of professional standards

# SCHOOL OF MEDICINE – WHO WE ARE

## **SOM Vision Statement**

A healthier Mississippi and beyond through education, patient care and discovery.

*Approved by the Executive Faculty, August 20, 2018*

## **SOM Mission Statement**

The University of Mississippi School of Medicine is committed to training skilled and compassionate physicians to provide high-quality and equitable health care particularly to the state's residents, including diverse and underserved populations. The school prepares learners to provide excellent care through programs of innovative education, state-of-the-art research and comprehensive clinical practice.

*Approved by the Executive Faculty, August 20, 2018*

## **SOM Diversity and Inclusion Statement**

The University of Mississippi Medical Center (UMMC) School of Medicine (SOM), part of Mississippi's only academic health science campus, is committed to the education and training of compassionate, considerate, and competent physicians who provide quality health care aimed at achieving health equity within the state. We believe that the inclusivity of different dimensions of diversity is integral to our missions and we remain committed to fostering a climate of respect, belonging, and excellence in the academic learning environment.

To become culturally responsive to our patients and create a diverse workforce reflective of our state's population, we concentrate recruitment and retention efforts on groups traditionally underrepresented in medicine which include: Black/African American, Hispanic/Latino, rural, educationally and/or economically disadvantaged students. We utilize pipeline and outreach recruitment programming that provides pre-application counseling, academic preparation, pre-matriculation, and professional development. These efforts are sustained through long-standing partnerships and engagement with school districts and higher education institutions throughout the state and region.

Holistic admissions offers accepted and matriculating students a rich educational experience and brings forth new ideals and diverse perspectives in the learning environment. Academic support and counseling services are strong contributors of student retention. Students are also afforded opportunities to: receive generous scholarship awards; participate in service-learning and community engagement activities; hold leadership positions within their class and the University's student governing body; be inducted into honor societies; become members of local chapters of national professional organizations; and attend national meetings. Student-elected diversity representatives are tasked with ensuring the interests of all groups within the class are represented, promoting multi-cultural programs and opportunities, and addressing incidences of discrimination or complaints about cultural sensitivity or inclusion.

The School of Medicine recognizes the educational benefits of diversity among students as well as basic science and clinical faculty, staff, and senior administrators. As has been demonstrated in the literature, a diverse faculty is better equipped to promote an academic learning environment that prepares culturally-competent physicians who are aware of and committed to addressing health disparities and care for patients who are from different backgrounds. As such, the SOM targets the recruitment, retention, and promotion of African Americans and women among faculty and senior administrators. These efforts include support for early and mid-career faculty in professional development.

Our comprehensive academic program is designed to create a physician workforce to address health disparities, develop lifelong learners, contribute to biomedical research, and utilize technology to improve patient care and health outcomes. These goals support our mission of creating a healthier Mississippi.

*Approved by the Executive Faculty, January 24, 2011; Updated by the Executive Faculty, January 4, 2019; Updated by the Executive Faculty, September 16, 2019*

# OFFICE OF MEDICAL EDUCATION

The School of Medicine (SOM) Office of Medical Education is primarily responsible for working with the faculty and all of the administrative offices within the medical school and institution to oversee the design, management, and evaluation of the educational program of the School of Medicine.

The office is also responsible for directing other key facets of the educational program in the medical school, including:

- Academic counseling and resources
- Accreditation adherence and reporting
- Assessment
- Career counseling
- Residency match
- Student progression and promotion

## **Contacts**

Office of Medical Education: 601-984-5006

### **Loretta Jackson-Williams, MD, PhD**

Vice Dean for Medical Education; Professor of Emergency Medicine

### **Sajani M. Tipnis, MD**

Assistant Dean for Curriculum; Professor, Pediatrics – Division of Neonatology

### **David R. Norris, MD**

Assistant Dean for Academic Affairs; Associate Professor of Family Medicine

### **Lecretia A. Buckley, PhD**

Education QI Director

### **Stephanie McLaughlin**

Executive Assistant

### **Robyn Herring**

OME Operations Director

### **Wesley Williams**

Instructional Designer

### **Lucy Varela-Quintero**

Project Manager II

### **Joshua Gilliard**

Project Manager

### **Tanya Reed**

Education Coordinator



# OFFICE OF STUDENT AFFAIRS

The School of Medicine (SOM) Office of Student Affairs is engaged in fostering an environment that promotes academic success and student development. The office coordinates a wide variety of services and activities that impact all medical students; operating essentially as a conduit between the student, faculty, and administration.

The mission of the Office of Student Affairs is to provide the necessary information, support, guidance and resources needed for success.

## **Contacts**

Office of Student Affairs: 601-984-5012

### **Jerry Clark, PhD**

Associate Dean for Student Affairs  
Chief Student Affairs Officer

### **Virginia Covington**

Project Manager II

### **Jan Simpson**

Project Manager I

### **Tommeka Mason**

Administrative Assistant

# EDUCATIONAL PROGRAM OBJECTIVES (EPOs)

The educational program of the School of Medicine is designed to achieve the multiple goals of dissemination of knowledge through teaching, application of knowledge through clinical practice and creation of new knowledge through scientific research. The specific educational program objectives (EPO) set forth below reflect the essential requirements for physicians to act in an ethical and altruistic fashion while providing competent medical care and fulfilling their obligations to their patients.

The SOM's EPOs are listed below. Objectives most likely to be addressed during clerkships are emphasized by italicization and underlining.

- I. Graduates must demonstrate sufficient knowledge of the structure and function of the human body to recognize alterations from the normal. They must recognize the various causes of such abnormalities and their pathogenesis. At the completion of the medical school curriculum, students must be able to demonstrate:
  - Knowledge of the normal structure and function of the human body and each of its major organ systems.
  - Knowledge of the molecular, biochemical and cellular mechanisms which help maintain the body's homeostasis.
  - Knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of diseases and the ways in which they impact on the body (pathogenesis).
  - Knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.
  - An understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and nontraditional therapies.
- II. Graduates must utilize the necessary diagnostic and interventional skills to accurately evaluate, diagnose and plan treatment appropriate for each patient. At the completion of the medical school curriculum, students must be able to demonstrate:
  - Competence in obtaining an accurate medical history that covers all essential aspects of the patient's history, including issues related to age, gender, ethnic and socioeconomic status.
  - Competence in performing both a complete and an organ system specific examination, including one for mental status.
  - Competence in performing routine technical procedures including, at a minimum, venipuncture, inserting an intravenous catheter, airway management, inserting a nasogastric tube, inserting a Foley catheter and suturing simple lacerations.
  - Competence in interpreting results of commonly used diagnostic tests and procedures, i.e., laboratory, roentgenographic, electrocardiographic.
  - Knowledge of the most frequent manifestations of common disorders.
  - Ability to reason deductively in solving clinical problems.
  - Ability to construct appropriate diagnostic and therapeutic plans/strategies for patients with common conditions, both acute and chronic, including medical, surgical and psychiatric conditions, and those requiring short- and long-term rehabilitation.

- Ability to recognize patients with immediately life-threatening conditions, i.e., infectious, cardiac, pulmonary, allergic, neurologic or psychiatric diseases regardless of etiology, and to institute appropriate initial therapy.
  - Ability to recognize and outline initial management for patients with conditions requiring critical care.
  - Knowledge about how to relieve pain and ameliorate suffering of patients.
  - Ability to communicate effectively, both orally and in writing, with patients, patients' families.
- III. Graduates must demonstrate those characteristics, attitudes and values that are needed to provide ethical and beneficent medical care for all patients. At the completion of the medical school curriculum, students must be able to demonstrate:
- Knowledge of theories and principles that govern ethical decision making, and of the major ethical questions in medicine, particularly those at the beginning and end of life and those that surface from the rapid expansion of technology.
  - Honesty and integrity in all interactions with patients, families, colleagues and others with whom physicians must interact in their professional lives.
  - A commitment to advocate the interests of one's patients over one's own interests at all times.
  - An understanding of the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine.
  - Capacity to recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and abilities.
- IV. Graduates must employ systematic approaches for promoting, maintaining and improving the health of individuals and population. At the completion of the medical school curriculum, students must be able to demonstrate:
- Knowledge of the important non-biological determinants of poor health and of the economic, psychological, social and cultural factors that contribute to the development and/or continuation of maladies.
  - Knowledge of the epidemiology of common maladies within a defined population and the systematic approaches useful in reducing the incidence and prevalence of those maladies.
  - The ability to identify factors that place individuals at risk for disease or injury, to select appropriate tests for detecting patients at risk for specific diseases or in the early stage of disease, and to determine strategies for responding appropriately.
  - The ability to retrieve from electronic databases and other resources, manage and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations.
  - Knowledge of various approaches to the organization, financing and delivery of health care.
  - A commitment to provide care to patients who are unable to pay and to advocate for access to health care for members of traditionally underserved populations.
- V. Graduates must demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care. At the completion of the medical school curriculum, students must be able to demonstrate:
- Ability to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity and trust among health professionals.
  - Ability to communicate effectively, both orally and in writing, colleagues, and health care team members with whom physicians must exchange information in carrying out their responsibilities.

- Compassionate and nonjudgmental treatment of all patients, and respect for the privacy and dignity of all patients.
- An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate and work with others in caring for individual patients and in promoting the health of defined populations.

VI. Graduates must demonstrate the qualities required to sustain lifelong personal and professional growth. At the completion of the medical school curriculum, students must be able to demonstrate:

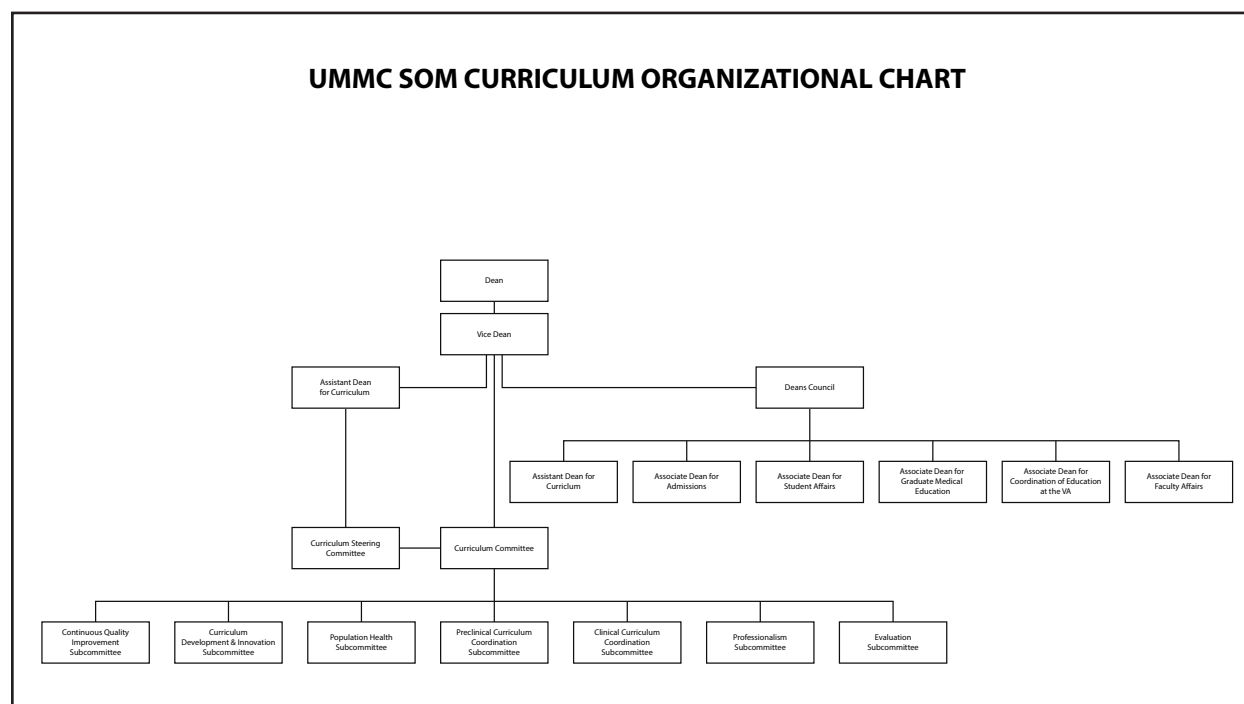
- Commitment to engage in lifelong learning to stay abreast of relevant scientific advances.
- The ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.
- The ability to provide leadership skills that enhance team functioning and the learning environment.

*Adapted from Learning Objectives for Medical Student Education, Guidelines for Medical Schools, AAMC, 1998. Revised by the School of Medicine Curriculum Committee, July, 2009; Updated by the School of Medicine Curriculum Committee, 2011; Updated by the School of Medicine Curriculum Committee, January, 2018.*

The EPOs serve as the guiding light for the medical education curriculum. Each course and all course content is guided by these six EPOs. Annually, course directors map course and session objectives onto the SOM's EPOs. This map is submitted to the Association of American Medical Colleges in September.

The Curriculum Committee is responsible for curriculum management and oversight. Course directors in consultation with the faculty and with Curriculum Committee oversight determine overall content, organization, goals, objectives, and assessment methods for individual courses.

The management of the curriculum is summarized in the graphic below.



# EXPECTATIONS OF COMMUNITY PRECEPTOR

## **Learning Environment**

The School of Medicine is committed to providing an environment that is conducive for the adult learner. This includes providing necessary work space and physical support (e.g. access to computers) and the creation of a supportive social environment where the student is both supported and challenged to acquire the knowledge, skills, and attitudes required of a physician.

## **Active Engagement in Patient Care**

In general, students in the third and fourth years should have an active role in patient care. This may include taking patient histories, performing the physical examination, presenting to the community preceptor, and/or counseling the patient on the treatment plan. Students should have the opportunity to interact with patients one-on-one whenever possible, with appropriate oversight by the attending physician/community preceptor who must confirm the student history, repeat or directly observe the physical examination, and hold ultimate responsibility for the plan of care. Other activities that may be appropriate for students to participate in, with supervision, include office-based procedures, returning patient phone calls, assisting with phlebotomy or performing EKGs and other activities necessary for patient care to be completed as determined by the supervising community preceptor.

Patients maintain the right to decline to have a student involved in their care or to request the student be placed in a shadowing role.

## **Professional Behavior by Preceptors**

Professionalism is one of the core competencies in which all physicians should be proficient. The best way to learn professional behavior is by emulating the behavior of others. It is therefore expected that all community preceptors will role model professional behavior at all times, including during interactions with students, patients, staff, other professionals, and physicians and the communities they serve.

It is also hoped that preceptors will provide feedback to students on their professionalism, as well as highlighting the importance of professionalism for future practice.

## **Course Syllabi**

Each course will provide a copy of the course syllabus to all members of the faculty. The syllabus includes an overview of the course goals and objectives, assignments, assessment methods, schedule, and other policies.

## **Required Clinical Experiences**

In each required clinical experiences (Family Medicine, Internal Medicine, Neurology, Obstetrics/Gynecology, Pediatrics, Psychiatry, and Surgery) a list of important diagnoses will be provided. Students must log their exposure to these conditions to ensure exposure to an adequate breadth of medical conditions to assure their competency in future practice. Preceptors are asked to be generally familiar with the list and to help students obtain these experiences as they are able.

## **Evaluations**

Evaluations are critical for the growth and development of our students as physicians. All



community preceptors will need to complete at least one evaluation per student and, in the case of a clinical experience lasting four or more weeks, may need to do an additional evaluation.

Formative evaluations are those which do not factor into the student's grade or the residency application process. This type of evaluation must be completed at the midpoint of clinical experiences four or more weeks and should focus on both strengths and deficiencies, with recommendations for how to improve. Specific comments that can inform student improvement are encouraged.

Summative evaluations are completed at the end of an experience and should describe student performance throughout their time working with you, with the primary focus on the last days or weeks of the experience. These evaluations are generally used to generate a portion of the student's grade and must be completed for the student to receive credit for the course. Narrative comments that focus on specific behaviors at which the student excels, as well as opportunities for improvement should be included in all summative evaluations. These comments are also used to develop the student's Medical Student Performance Evaluation (MSPE) for this required clerkship or elective from the M3 curriculum year.

### ***Procedures for Submitting Evaluations***

There are two ways to submit evaluations. You may click on the link that is sent from E\*Value to your email account, or you can log in E\*Value and follow the steps below:

1. Log into [www.e-value.net](http://www.e-value.net). Enter your UMMC credentials for the username and password and type UMMC in the Institution Code box.
2. Click Login.
3. Select the correct year program from the Program Selection box.
4. Click Continue Login.
5. Click the Evaluations tab at the top of the webpage.
6. Click Complete Pending Evaluations.
7. Click the Edit Evaluation link next to the correct student.
8. Click Submit.

### **Setting Expectations for Students**

At the beginning of each experience, preceptors are encouraged to set aside 15–20 minutes to discuss their expectations of the student during the rotation. This should include discussion of patient care expectations, schedule, and dress code. Additionally, students should be given the opportunity to express their own objectives and goals for the rotation, allowing the creation of a synergistic learning plan.

### **Review of Medical Student Feedback**

At the end of each course, students complete the Student of the Course evaluation that provides feedback on the course structure, their learning, course strengths, and opportunities for improvement. Results are provided to the course director and may be obtained to inform your instruction.

### **Communication with the Main Campus**

Community preceptors should generally direct all communication to the course director or administrator within their own department within the school. In situations that involve an emergency surrounding the student, we also encourage preceptors to contact the Office of Medical Education directly by calling 601-984-5006 or the Office of Student Affairs by calling 601-984-5012.

# POLICIES AND PROCEDURES

## **Anti-Discrimination**

### EQUAL OPPORTUNITY IN EDUCATION AND EMPLOYMENT

The University of Mississippi Medical Center is an EOE/AA/Minorities/Females/Vet/Disability/Sexual Orientation/Gender Identity/Title VI/Title VII/Title IX/504/ADA/ADEA employer. The University of Mississippi Medical Center's education, research, and service programs are open to every qualified person. Equal Employment Opportunity is announced, provided, and ensured for all persons and affirmative action is taken to guarantee that individuals recruited, hired, trained, promoted, will in all ways be treated equally without regard to race, color, gender, sex, sexual orientation, gender identity or expression, religion, creed, national origin, age, disability, veteran status, marital status, socio-economic status, culture, or genetic information. Inquiries or concerns may be made to: Employee Relations, 2500 North State Street, Jackson, MS 39216.

The University of Mississippi Medical Center ensures compliance with all applicable federal and state statutes and executive orders including, but not limited to, Executive Order 11246, as amended, Title VII of the Civil Rights Act of 1964, as amended and the Civil Rights Act of 1991, in respect to unlawful discrimination and affirmative action. UMMC seeks to ensure all aspects of employment and education remain free of unlawful discrimination and reaffirms its belief in taking affirmative action to recruit, employ and to advance in employment minorities; women; individuals with disabilities; and veterans.

The Director of Employee Relations also serves as the Americans with Disabilities Act (ADA) Coordinator. Those with a bona fide disability needing reasonable accommodation should contact the Director of Employee Relations.

It is understood that any breach of the Medical Center's Equal Employment Policy regarding unlawful discrimination because of a person's race, color, gender, sex, sexual orientation, gender identity or expression, religion, creed, national origin, age, disability, veteran status, marital status, socio-economic status, culture, or genetic information shall be grounds for disciplinary action up to and including discharge.

To assure compliance with this policy, the vice chancellor for health affairs has designated the Medical Center's Chief Human Resources Officer to direct the establishment of and to monitor the implementation of human resources procedures to promote and guide our affirmative action program.

## **Professional Behavior by Students**

Students enrolled in the School of Medicine must develop the professional behaviors expected of a physician. Students will be evaluated in the areas of attentiveness, maturity, cooperation responsibility, personal appearance, respect (for authority, peers, patients and other members of the health care team), communication, judgment, ethics, honesty, morality, as well as other characteristics of professionalism important for a career in medicine.

### *Policy*

Medical students will encounter a number of people who will note their behaviors. These observers may report compliments or concerns related to the professional behavior of a student through verbal, written, or other reporting mechanisms. Examples of report sources include faculty members, residents, nurses, other health care providers, other medical center employees, medical school peers, patients, or patient's family members. Reports of exemplary professional or unprofessional behaviors should be made to the Office of Medical Education.

### *Code of Honorable and Professional Conduct*

In the tradition of high standards of professional and personal conduct described by Hippocrates, the students of the University of Mississippi School of Medicine created a code of honorable and professional conduct. They have dedicated themselves to the study and practice of medicine for the benefit of humanity. To maintain the altruistic spirit of this enterprises, students commit to upholding the principles of this code. In so doing they show respect for personal honor, morality, order and the rights of others, both at and outside the University. It is their goal, through the principles outlined in the code, to set standards and patterns of behavior that will serve them well in their growth toward excellence in the practice of medicine. Accordingly, faculty and staff have collectively agreed to endorse the spirit of the standards set forth in this code of honorable and professional conduct.

*Adopted by the Medical Council, May 11, 2009.*

*Approved by the School of Medicine Deans Council, June 22, 2009.*

*Presented to Executive Faculty, July 21, 2009.*

## **Student Mistreatment**

### ***Mistreatment Policy***

All mistreatment is of serious concern to this school and is strictly prohibited. The institution does not tolerate retaliation of any kind for reports of mistreatment. It is the policy of the UMMC to maintain an educational environmental and workplace free from any type of mistreatment. Whatever the circumstance, students who believe they were mistreated are strongly encouraged to bring it to the attention of appropriate institutional officials. Categories of mistreatment include: general mistreatment, discrimination and sexual misconduct. The procedure for reporting mistreatment applies to students, faculty, staff, and residents. Individuals may consult the chief student affairs officer at any time for assistance. Such informal consultation will always be confidential, unless precluded by safety of the student or institutional policy. All complaints of mistreatment are responded to within a maximum of 48 hours. Additionally, the office of student affairs provides a web-based mechanism for students to report negative behaviors and mistreatment anonymously ([https://umc.edu/Comments\\_and\\_Complaints/](https://umc.edu/Comments_and_Complaints/)).

### ***Mistreatment Procedure***

#### ***General Mistreatment***

General mistreatment comes in many forms, including but not limited to: verbal abuse, public humiliation, intentional neglect, assignment of tasks in retaliation, belittlement, and unreasonable/intentional exclusion from an educational opportunity. Formal complaints of general mistreatment regarding faculty, residents, or staff are made through the student affairs officer for the school to the chief human resources officer or the assistant director of equal employment opportunity when appropriate. Formal complaints of general mistreatment regarding other students are made to the student affairs officer for the school. All reported incidents will

be investigated thoroughly. All complaints of mistreatment are responded to in a maximum of 48 hours.

### *Discrimination*

Under Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act and their implementing regulations, no individual may be discriminated against solely on the basis of age, race, gender, religion, national or ethnic origin, disability, sexual orientation or veteran status. Allegations of discrimination (in any category) against a student must be reported immediately through the Associate Dean for Student Affairs and/or the Associate Dean for Multicultural Affairs to the director of human resources or the assistant director for equal employment opportunity. All formal complaint must be in writing and will be investigated. The institution investigates and responds to all reported incidents in a timely fashion.

### *Sexual Harassment*

Sexual harassment includes unwelcome sexual advances; educational or job advancement or lack thereof based on sexual favors; verbal or physical conduct of a sexually harassing nature; physical aggression creating a hostile educational or work environment; inappropriate non-verbal conduct, such as displaying sexually suggestive objects, pictures, or obscene gestures; failure to cease any such act upon request from any other person; etc. Any employee, faculty member, or student who engages in such conduct is subject to discipline, up to and including immediate discharge or dismissal. This policy applies equally to men and women. Any complaint by a medical student against a Medical Center employee, faculty member, visitor, vendor, contractor, or other person (except another student- see next paragraph) of sexual harassment on campus must be reported immediately through the Associate Dean for Student Affairs to the Director of Human Resources or the Assistant Director for Equal Employment Opportunity. All complaints must be in writing and will be investigated by Campus Police.

Under Title IX of the Education Amendments of 1972 and its implementing regulations, no individual may be discriminated against on the basis of sex in education programs receiving federal financial assistance. Peer sexual harassment (student-to-student) is a form of prohibited sex discrimination when such conduct creates a hostile environment. Thus, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when the conduct is sufficiently severe, persistent, or pervasive to limit a student's ability to participate in or benefit from the education program, or to create a hostile or abusive educational environment. A medical student with a complaint of sexual harassment by another student on campus should report the incident(s) to the Associate Dean for Student Affairs. The student may also report this to the Associate Dean for Multicultural Affairs or to a faculty member; if the student discusses an incident(s) of sexual harassment with a faculty member, the faculty member will refer the student to the Associate Dean for Student Affairs.

The Associate Dean, with the assistance of the appropriate Medical Center officials, will investigate the incident(s) including statements by witnesses to the alleged incident(s) and evidence about the relative credibility of the allegedly harassed student and the alleged harasser. If it is determined that there is sufficient cause to believe that incident(s) of peer sexual harassment have occurred, a written report will be given to the Dean with recommendations for appropriate steps to be taken to end the harassment, the Associate Dean for Student Affairs will take steps to ensure that there are no negative consequences to either the student

making the report or the student alleged to have been harassing the former. UMMC will not tolerate retaliation in the investigation of a complaint. A person bringing a frivolous allegation of sexual harassment may be subject to disciplinary action, up to and including termination.

Additionally, the UMMC Office of Student Affairs provides a web-based version of a student comment box, <http://1/studentservices.umc.edu/comments/html>. This email account is used to collect and track student issues and concerns. Students are promised a response within 48 hours.

*Effective Date, August 16 2010.*

*Last Revised Date, June 4, 2015.*

### **Student Duty Hours**

The University of Mississippi Medical Center School of Medicine and its affiliate hospitals are committed to providing excellent patient care and outstanding education for medical students while maintaining appropriate duty hours.

The duty hours of medical students enrolled in the M3 and M4 years are as follows:

- Duty hours are defined as all scheduled clinical and academic activities related to the educational component of the rotation, including patient care (both inpatient and outpatient), administrative duties related to patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- Scheduled duty hours for M3 and M4 students must not exceed 80 hours per week, averaged over a four week period. Students should be allowed time to prepare for required examinations.
- Students are to be provided with 1 day in 7 free from responsibilities averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

### **Policy on Student Supervision**

The University of Mississippi Medical Center is dedicated to medical education and to providing excellent care for our patients. To fulfill this mission, it is recognized that students must participate in rendering services to patients. Students must be supervised at all times to protect the safety of the patients. Medical students are learners and are not licensed to provide independent patient care. At all times, the supervising attending physician retains medical and legal responsibility for the patient's care and is ultimately responsible for the evaluation and management of the patient. Some of the day-to-day supervision of medical students may be delegated to appropriately-prepared designees at the discretion of the supervising faculty. However, the supervising attending physician retains full responsibility for the supervision of the medical students assigned to them during their clinical rotation.

#### ***Types of Supervision:***

Direct supervision is defined as the supervising physician being physically present with the student and the patient during the encounter or procedure. Indirect supervision with direct supervision immediately available occurs when the supervising physician and/or his designee is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision if needed.



### *Clinical Supervision*

Students will be supervised at all times by qualified faculty members and be provided with easily accessible, reliable, effective systems of communication with faculty at all times. Student supervision will foster progressive responsibility and autonomy as appropriate throughout medical school education. Levels of responsibility will be determined by a student's level of training and clinical skills.

### *Procedural Supervision*

Medical students may participate in the care and management of a patient including invasive and noninvasive procedures under the supervision of an attending physician or their designee. The degree of supervision should take into account the complexity of the procedure, the potential for adverse effects, and the competency of the student to ensure the safety and comfort of the patient. The physician must have privileges to perform the procedure being supervised.

Medical students vary in their patient care skills based not only on year of training, but also where they are within a programmatic year. However, the following can reasonably be expected of students at the various stages of training:

- M1 students: For the first half of the year, these students will only be able to shadow and should always be accompanied by a physician, nurse, or other patient care professional. However, as the year progresses they will learn how to obtain full medical histories. They may also be taught components of the physical examination by affiliate faculty, if the faculty are comfortable doing so. As these skills develop, the student may collect the history and report back to the faculty, who should confirm the information collected.
- M2 students: These students should be expected to collect patient histories and to practice the physical examinations skills they are learning in class. By the end of the academic year, M2s should be able to perform a comprehensive physical examination. M2 students should also be encouraged to develop diagnostic skills and to outline basic treatment plans. M2 students may interview patients alone and report back to faculty, but both the history and physical examination should be closely confirmed, if not directly observed. At times, it is appropriate for M2 students to shadow.
- M1 and M2 students may participate in minor office procedures under the direct supervision of a physician.
- M3 students: These will be the majority of students with whom affiliate faculty will work. M3 students should have the opportunity to work alone with patients and, in exceptional circumstances, should not shadow. During the M3 year, it is important for the student to develop diagnostic reasoning skills and hone their clinical management skills. M3 students are expected to document in the medical record, which should be reviewed by the preceptor. Additionally, M3 students may participate in major and minor surgical procedures, including obtaining informed consent, at the discretion of the supervising physician, but must be directly supervised by a resident or faculty physician throughout the procedures.
- M4 students: M4 students may perform all the tasks as the M3 student, but should be expected to provide more accurate diagnoses and management plans.

*Approved by the Curriculum Committee on February 22, 2018.*

## **Medical Student Documentation Policy**

The University of Mississippi School of Medicine is committed to a quality educational experience for all students. Part of the educational experience is learning how to appropriately document health care information for a patient's medical record. To be prepared for residency, every medical student needs to learn how to gather, organize and synthesize information. Here at the University of Mississippi School of Medicine students must incorporate the use of the electronic health record into patient care.

All clinical (M3 and M4) students are expected to document their evaluations of patients within the electronic health record. The junior clinical students (M3) will document within the current student tab. The senior clinical students (M4) will document within the patient's medical record.

To ensure compliance with federal regulations and payer requirements, attending physicians may only refer to the medical student's documentation of the Review of Systems (ROS) and Past Medical, Family Medical and Social History (PMFSH) for billing purposes. The Centers for Medicare and Medicaid Services (CMS) does not allow any documentation by any type of student to be used to support a billable service except as noted above. Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or the physical presence of a resident in a service meeting the requirements for teaching physician billing. See <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2303CP.pdf> for specific language.

Students will receive training in communication and appropriate use of electronic health records during the preclinical curriculum. Within the syllabus each clinical clerkship will include the required documentation by students. This documentation will be reviewed by the teaching faculty and the students will receive formative feedback regarding the documentation effort. Students will need to be reminded to time and date all documents. In addition, all students should be instructed in the appropriate manner to correct errors in writing.

The final use of the documentation will be communicated to the students at the beginning of each rotation and will be noted in the course syllabus. The intent is that documentation by M3 students will be used for teaching purposes and that documentation by M4 students will be similar to that done by interns and be used for the care of patients. Each Course Director will be responsible for communicating this information to the teaching faculty and residents of their respective departments.

*Approved by the SOM Curriculum Committee April 23, 2009*

*Effective May 1, 2009*

*Updated and approved by the SOM Curriculum Committee November 20, 2014*

*Approved by the Executive Faculty December 15, 2014*

## **Medical Malpractice for Students**

Medical students are protected from malpractice liability when functioning within their duties as a student within the state of Mississippi under the Tort Reform Act. Notwithstanding, UMMC provides coverage of \$2,000,000/\$3,000,000 through the Medical Assurance Company of Mississippi for each student. UMMC coverage may be applicable if the community preceptor is acting in the role of a teacher for the SOM; however, each case will be evaluated on a case-

by-case basis. Community preceptors should maintain their own medical malpractice coverage and should notify their carrier that they will be working with students in their practice.

### **Students in Crisis**

Life and its challenges do not take a hiatus during a student's medical education. Though students are expected to place a priority on their studies, there are times where familial, social, and personal health issues may interfere with a student's ability to learn and could potentially be threatening to the student's health or safety. If a community preceptor deems a student to be a danger to himself or others or to be unfit to continue educational activities in any capacity, the preceptor should take all reasonable steps to ensure the safety of the student and patients, while also notifying the Office of Student Affairs (601-984-5012) and/or the Office of Medical Education (601-984-5006). UMMC has a variety of resources to assist students in crisis and both offices can assist in arranging access for the student.

# PROFESSIONAL DEVELOPMENT

## **Continuing Medical Education/Maintenance of Certification (CME/MOC) Opportunities**

Many specialty academies now offer free CME credit hours for participating in teaching activities, such as precepting a student within their office. Be sure to check with your academy to determine if you qualify.

Additionally, the American Board of Family Medicine is now offering Part IV credit for engaging in performance improvement activities surrounding educational activities. Further boards are expected to add to this option.

## **Library Resources**

All community preceptors receive credentials allowing them to access the UMMC Rowland Medical Library's resources. This includes free access to thousands of peer-reviewed journals, UpToDate, Dynamed, and many other print and electronic resources.

## **Feedback to Faculty**

The SOM engages in continuous quality improvement of the medical education program and all of its components. Feedback from medical students on faculty who provide instruction and who supervise is important to this process in that it allows course directors, departments and the SOM to address areas for improvement and maintain strengths. To this end, faculty members with primary teaching roles may expect feedback. Medical students provide feedback in several ways including the Student of the Course evaluation, the Carl G. Evers, MD, Society course evaluations, the AAMC Graduation Questionnaire, and comments.

## **Accessing Faculty Development**

Faculty development is available at the institutional level through the Office of Faculty Affairs (OFA). The Department of Family Medicine offers a 30% discount to community preceptors for the Family Medicine Annual Update.

# TEACHING RESPONSIBILITIES

## Faculty Appointment

All community preceptors hold a faculty appointment as a clinician-educator, a non-ranked faculty appointment, with the University of Mississippi Medical Center. The criteria for these appointments are established by each clinical department. At the time of appointment and reappointment, documentation must be provided by the faculty member demonstrating they meet the qualifications necessary to engage in medical student education (e.g. licensure, CV, and board certification).

## Roles in Teaching and Assessment

During the student's time working with a community preceptor the primary teaching responsibility for the student lies with the preceptor. This includes responsibility for role modelling professional behavior and interpersonal communication, providing opportunities for students to practice clinical skills in a controlled environment where they are actively engaged in patient care but not responsible for the final outcomes of that care, and in helping develop clinical reasoning, management, and medical knowledge through active engagement.

In particular, the community preceptor should assist students in the development of lifelong learning skills. Instead of simply giving a bedside lecture, this might include giving the student reading assignments or having them provide a brief presentation on a patient they saw that day. We encourage preceptors to remember that students still need to learn the "bread and butter" of medicine, so not all clinical teaching should be surrounding interesting or unusual cases.

As faculty members, community preceptors also take an active role in student assessment. For the clinical years this includes the completion of the formative and summative evaluations. The formative evaluation should be completed at the midpoint of the student's preceptor experience, while the summative should be completed at the end. More informal feedback and assessment should occur throughout the experience. Of note, it is also an accreditation requirement that the formative feedback occur at the middle of the experience, so please be sure to sign and date the form if it is provided to you on paper.

Community preceptors should not be afraid to provide what they may feel is harsh or critical feedback or "negative" assessments, as these are necessary to promote student growth and development. Further, the ultimate responsibility for the grade assigned and the comments submitted for the Medical Student Performance Evaluation (i.e. the Dean's Letter) resides with the Department with whom the preceptor holds their faculty appointment.

Preceptors who wish to complete their assessments electronically should contact the course administrator to see if this is a possibility.



