

COMEX
(Community Experience)

**Preceptor
Manual 2017-2018**





Dear Colleague,

Thank you for your interest in the NUNM COMEX Preceptorship Program. We appreciate your dedication to the education of future naturopathic physicians and for freely sharing your time and expertise with our medical students.

As you know, an important part of medical education is the clinical preceptorship. COMEX preceptors may engage students in a variety of clinical activities, including observation of your practice, medical history-taking, physical and diagnostic examinations, and the observation or participation in therapeutic interventions and patient education. With the ability to participate in patient care in a “real world” setting, a student’s preparation for their own practice is vastly expanded.

Certainly, the preceptor’s biggest reward is the experience of assisting a medical student to learn and grow in the profession. It is especially exciting when the student is able to see the application of the art and science of medicine in practice. Furthermore, you will find yourself in a learning mode as well, as the teacher often learns a great deal more than the student.

Your guidance of our medical students is the highest form of professionalism, and is greatly respected by our faculty and administration. Your leadership builds student development of critical thinking, decision-making, professionalism, and organizational abilities. Your generosity teaches students to actively give back to the profession. For all those things and more we thank you!

If at any time you have questions or concerns, please do not hesitate to contact me. I can be reached at 503-552-1860, or cbaldwinsayre@nunm.edu.

Kindest and best regards,

A handwritten signature in blue ink, appearing to read "Carrie Baldwin-Sayre", with a circular flourish at the end.

Carrie Baldwin-Sayre, ND
Associate Dean of Clinical Education
College of Naturopathic Medicine

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COMEx PROGRAM CONTACTS

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INTRODUCTION TO COMEX (COMMUNITY EXPERIENCE)

Medical preceptorship (now called COMEX at NUNM) is a required component of a naturopathic medical student's clinical education. A COMEX preceptor is a community-based healthcare provider who provides students with invaluable knowledge of real-world practice. The COMEX preceptor may engage students in all manner of supervised clinical activities, ranging from observation of the preceptor's patient interactions to participation in patient interviewing, physical and diagnostic examination, and therapeutic interventions (see *Preceptor Eligibility* for further details on the allowed level of student participation). We highly encourage eligible healthcare providers to provide students with a clinically based, hands-on experience.

A preceptorship provides students a supervised opportunity to:

- Observe varied clinical pathologies and development of differential diagnoses
- Develop and/or observe communication skills during the medical interview
- Perform and/or observe physical examinations and diagnostic evaluations
- Develop and/or observe methods for fostering patient rapport and improving patient compliance
- Observe how a healthcare provider handles difficult patient encounters
- Deliver and/or observe therapeutic interventions and assess their effectiveness
- Observe business strategies for creating a successful practice (*please note that no more than 10% of a student's time can be spent on administrative activities*)

Benefits to COMEX Preceptors

Preceptors are not paid by NUNM, but NUNM does provide benefits to healthcare providers who provide preceptorship opportunities to our students.

- 12 (twelve) naturopathic Continuing Education hours of recorded video (a \$400 value!), found at www.nunm.edu/ceonline. Just make an account, browse the table of contents, and send an e-mail to ceregister@nunm.edu with the list of courses you would like to have unlocked on your account. You may access this benefit annually, as long as you are an active ComEx preceptor (provide a preceptorship to at least one student per year for at least 12 hours).
- Library privileges – ComEx preceptors may receive a library card at the NUNM library which gives you access to over 16,000 books including the rare book room, CDs, DVDs, databases (on-campus access only) and computer applications in the library.
- The opportunity to learn new and updated information about the profession, keep abreast of the latest research, and educate future physicians by passing on invaluable knowledge.
- For NDs, the opportunity to give back to the profession as noted in the Naturopathic Physician's Oath and collaborate with the NDs of tomorrow.
- For non-NDs, the opportunity to increase your knowledge of natural medicine in research and in practice, and collaborate with your future colleagues.

COMEX PRECEPTOR REQUIREMENTS

COMEx Preceptor Eligibility

The following provider types are eligible to be COMEx preceptors:

- ND (Naturopathic Doctor)
- MD (Medical Doctor)
- DO (Osteopathic Doctor)
- DC (Chiropractic Doctor)
- DPM (Podiatric Doctor)
- PA (Physician Assistant)
- NP, CNM (Nurse Practitioner, Certified Nurse Midwife)
- DPT, PT (Doctor of Physical Therapy, Physical Therapist)
- PsyD, PhD, LCSW, LPC, MFT (Clinical Psychologists only)

COMEx preceptors will have at least two years' experience practicing in their licensed field.

COMEx preceptors must hold a current license to practice medicine in their state or province of residence, unless there are no licenses granted in that state or province. NDs practicing in states without licensure laws must be a graduate of an accredited naturopathic medical school. ***If the provider is unlicensed, students may only observe and not participate in patient care in any way.***

COMEx Preceptor Responsibilities

A Community Experience (COMEx) Preceptorship is an opportunity for students to broaden and strengthen their clinical skills under the supervision of a licensed healthcare provider in practice who is acting as a clinical role model. We ask that all COMEx preceptors abide by the following requirements:

Administrative Responsibilities

1. Complete the online Preceptor Application and receive approval prior to a student beginning their rotation. This and all other documentation can be found at www.nunm.edu/COMEX. Preceptor applicants practicing outside the United States must provide proof of licensure in that country or permission to practice by the Ministry of Health or equivalent governmental agency.
2. It is recommended, but not required that the preceptor is covered by professional malpractice liability insurance throughout the preceptorship. If the preceptor is not covered by malpractice insurance, students may only observe and not participate in patient care in any way. It is also recommended, but not required, that the preceptor list NUNM as a certificate holder on their individual professional liability policy. NUNM students are covered by NUNM professional liability insurance if the preceptor has met and observes all eligibility requirements. Declaration is available upon request from the Office of Clinical Education.

3. If the preceptor is an ND practicing in an unlicensed state or is not covered by malpractice/professional liability insurance, students may only observe and not participate in patient care. The preceptor must assure that the student has no physical contact with patients and provides no medical advice in these circumstances.
4. Notify the Office of Clinical Education with any changes to your licensure, malpractice coverage, availability, desired student schedule, student requirements, contact information or anything affecting their preceptorship eligibility.
5. Review and sign the student's Learning Goals on day 1 of all rotations of greater than 8 total hours. Add your own goals if desired.
6. Verify and sign the Tracking Log and complete the Student Evaluation for each student rotation. This form verifies the student's clinical hours and patient contacts and evaluates the student's performance. Preceptors may provide this directly to the student, or send it back to the Office of Clinical Education by the 2nd week of the term after the rotation has ended. Note: Student Evaluations are only necessary for rotations of greater than 8 total hours.

Clinical Responsibilities

1. Preceptors must be physically on-site for supervisory purposes whenever the student is present during the rotation.
2. Orient student to the clinic/site, patient population, most frequent diagnoses seen, procedures commonly performed, and clinic policies and procedures, including HIPAA regulations. Discuss with student the preferred method for communication with the Preceptor and/or clinic site.
3. Review the objectives and expectations of the Preceptorship as well as the student's Learning Goals to determine the type of opportunities that will enhance the student's learning. Direct the student to resources and evidence-informed readings as applicable.
4. Promote a collaborative and mutually respectful environment in which to learn while facilitating the student's progressive independence in clinical knowledge and skills.
5. Provide daily feedback to improve the student's clinical and communication skills, case presentation/differential diagnoses, and assessment and management skills. Provide a variety of learning experiences including patient care, business practices and record keeping, if applicable (administrative duties should comprise no more than 10% of the rotation). If available, encourage attendance at team/office meetings.
6. Preceptors have the right to refuse any student in advance or terminate a student for any reason but must inform the Clinical Education Office. Promptly communicate issues of concern or unsafe practice (student behavior, clinical skills, and/or student progression) regarding the student to Dr. Carrie Baldwin-Sayre.

Documentation Requirements

Preceptor Application and Agreement (Appendix A)

This is available online at www.nunm.edu/COMEx. A print version is located in Appendix A. An application must be submitted and approved prior to the first student shift at your clinic/ hospital. You will be informed by the Office of Clinical Education when your application is approved. To remain a COMEX preceptor, an application and agreement must be submitted every three years.

Learning Goals (Appendix C)

Only a signature from the preceptor is required. The student will complete this document in advance and present it to the preceptor on day one of the rotation for signature. The preceptor may optionally add their own goals for the student's learning to this document. This document is optional for shorter rotations of 8 total hours or less.

Student Evaluation and Tracking Log (Appendix D)

1. The student's tracking log of hours should be verified, signed and given back to the student for submission at the end of the rotation.
2. The student evaluation is crucial for student learning and improvement and should be completed at the end of the rotation, discussed with the student, and returned to Kate Martinez, Clinical Education Coordinator, kmartinez@nunm.edu, and can be faxed to 503.279.9300. It is due by Friday, Week 2 of the term following the end of the rotation. This document is optional for rotations of 8 *total* hours or less.

INTRODUCTION TO NATUROPATHIC MEDICINE FOR THE NON-ND PRECEPTOR

Naturopathic medicine is a distinct primary health care profession, emphasizing prevention, treatment, and optimal health through the use of therapeutic methods and substances that encourage individuals' inherent self-healing process. The practice of naturopathic medicine includes modern and traditional, scientific, and empirical methods.

The Core Principles of Naturopathic Medicine

The Healing Power of Nature (*Vis Medicatrix Naturae*)

Naturopathic medicine recognizes an inherent self-healing process in people that is ordered and intelligent. Naturopathic physicians act to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.

Identify and Treat the Cause (*Tolle Causam*)

The naturopathic physician seeks to identify and remove the underlying causes of illness rather than to merely eliminate or suppress symptoms.

First Do No Harm (*Primum Non Nocere*)

Naturopathic physicians follow three guidelines to avoid harming the patient:

1. Utilize methods and medicinal substances which minimize the risk of harmful side effects, using the least force necessary to diagnose and treat;
2. Avoid when possible the harmful suppression of symptoms; and
3. Acknowledge, respect, and work with individuals' self-healing process.

Doctor as Teacher (*Docere*)

Naturopathic physicians educate their patients and encourage self-responsibility for health. They also recognize and employ the therapeutic potential of the doctor-patient relationship.

Treat the Whole Person

Naturopathic physicians treat each patient by taking into account individual physical, mental, emotional, genetic, environmental, social, and other factors. Since total health also includes spiritual health, naturopathic physicians encourage individuals to pursue their personal spiritual development.

Prevention

Naturopathic physicians emphasize the prevention of disease by assessing risk factors, heredity and susceptibility to disease, and by making appropriate interventions in partnership with their patients to prevent illness.

Naturopathic Professional Education and Accreditation

Doctor of Naturopathic Medicine

The Doctor of Naturopathic Medicine (ND) degree is an intensive four-year program that prepares candidates to become primary care physicians. The curriculum emphasizes an approach to health and healing that considers the whole person when treating disease, and prepares candidates for state and national board licensing examinations and clinical practice.

As the oldest naturopathic medicine program in North America, NUNM educates students as primary care physicians with an expertise in natural medicine. The expansive scope of practice and designation of NDs as primary care physicians by the state of Oregon allows our students to be trained in a broad range of therapeutics from nutrition and botanical medicine to pharmacology and minor surgery.

Program Overview

The first year of training focuses on the structure and function of the human body. After taking basic coursework in anatomy, physiology, biochemistry, histology and immunology, students move into a deeper exploration of disease diagnosis and therapeutic modalities including botanical medicine, hydrotherapy, therapeutic manipulation, clinical nutrition, homeopathy, minor surgery and pharmacology. Clinical training begins in the first year and continues throughout the program with rotations at the NUNM Health Centers and in the community through preceptorships. The entire clinical practicum consists of more than 1200 required hours. About a quarter of our students are involved in projects at NUNM's Helfgott Research Institute, including studies that have been funded by the National Institutes of Health and other organizations.

University and Program Accreditation

National University of Natural Medicine is accredited by the Northwest Commission on Colleges and Universities. Accreditation of an institution of higher education by the Northwest Commission on Colleges and Universities indicates that it meets or exceeds criteria for the assessment of institutional quality evaluated through a peer review process. The doctoral program in naturopathic medicine is accredited by the Council on Naturopathic Medical Education, a professional accrediting agency for naturopathic medicine programs.

Doctor of Naturopathic Medicine Program Outcomes

The following outcomes are expected of all graduating students of the NUNM School of Naturopathic Medicine beginning with the fall 2015 incoming class. This is the first class to experience a redesigned block curriculum, which encompasses an integrated approach to the basic, diagnostic and clinical sciences. The individual competencies that are required to fulfill each of these outcomes are unique to each course block. The competencies for the COMEx program are outlined on the next page.

Medical Knowledge: Apply appropriate biomedical knowledge and clinical skills to patient-centered naturopathic primary care.

Patient Management: Apply the philosophy of naturopathic primary care to effectively encourage prevention, treat health problems and foster optimal health.

Communication and Collaboration: Apply communication skills that result in an effective connection with patients, their loved ones, and other health professionals.

Practice-Based Learning and Improvement: Appraise, assimilate and apply scientific evidence to improve patient care.

Ethics and Professionalism: Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Practice Management and Business Skills: Identify opportunities and develop resources for establishing and maintaining a viable career using your naturopathic medical education.

Systems-Based Practice: Effectively call on system resources to provide care that is of optimal value.

OUTCOMES AND COMPETENCIES OF THE CoMEX PROGRAM

Outcome - Medical Knowledge

Competencies:

- Observe or elicit the taking of a complete and accurate medical and biopsychosocial history.
- Observe or perform complete and appropriate physical examinations.
- Demonstrate increasing proficiency in case presentation skills.
- Demonstrate the ability to write progress notes in a standard format with pertinent content.
- Recognize the appearance of varied clinical pathologies and formulate differential diagnoses.

Outcome - Patient Management

Competencies:

- Provide evidence-informed ideas in discussion of treatment protocols that are consistent with naturopathic principles.
- Observe and participate in the formulation of therapeutic interventions, and assess their effectiveness.

Outcome - Communication and Collaboration

Competencies:

- Demonstrate the ability to function as part of a patient care team.
- Demonstrate the ability to establish patient rapport.
- Recognize strategies for dealing with difficult encounters, increasing patient compliance, and encouraging return visits as appropriate.
- Demonstrate or observe the delivery of diagnostic findings and diagnoses, and provision of patient education around those findings.
- Observe the process of patient referrals and consultation with other healthcare providers as required.

Outcome - Practice-Based Learning and Improvement

Competencies:

- Demonstrate a commitment to independent learning.
- Demonstrate acceptance of critical feedback.
- Demonstrate integration of basic science and clinical knowledge.
- Demonstrate ability to accept uncertainty.
- Demonstrate clinical curiosity.

Outcome - Ethics and Professionalism

Competencies:

- Demonstrate respect, compassion and integrity in patient and professional interactions.
- Demonstrate a commitment to ethical principles of medicine.
- Adhere to NUNM Health Centers and preceptor handbook requirements of professional conduct and attire.
- Demonstrate sensitivity to patients with a variety of cultural, ethnic, and financial backgrounds.

Outcome - Practice Management and Business Skills

Competency:

- Observe business strategies for the creation of a successful practice.

Outcome – Systems Based Practice

Competency:

- Observe and develop an understanding of the process for patient referrals and consultation with other healthcare providers as required.

ROLE OF THE COMEX PRECEPTOR

Environment

- ✓ Teach by example.
- ✓ Create a supportive learning environment.
- ✓ Encourage students to ask questions.
- ✓ Give regular informative, balanced feedback.
- ✓ Heighten student's understanding and practice of cultural and linguistic competency.
- ✓ Demonstrate the development of provider-patient relationships and communication.

Orientation

- ✓ Inform your office staff of the COMEX preceptor program and scheduled student.
- ✓ If desired, post notices in your office notifying patients of student in training.
- ✓ Assure students are provided with an orientation to your office and practice.
- ✓ Make any necessary patient scheduling adjustments to facilitate orientation and supervision.
- ✓ Review and sign the student's Learning Goals. Add your own goals for the student's learning, if desired.
- ✓ Identify scheduled patients for students to see with you or your clinical staff.

Clinical Training

- ✓ Oversee and coordinate clinical training in preceptor's office setting.
- ✓ Revisit the student's learning goals throughout the rotation.
- ✓ Discuss clinical cases with your student and help refine their case presentation skills.
- ✓ Provide ongoing guidance and feedback to the student.
- ✓ Submit final Student Evaluation to NUNM by the due date.

Orienting Learners to Your Practice Setting

Below, we have listed basic information that student learners appreciate knowing during their first day in a new practice. The preceptor or other member of the practice team can meet with the learner on the first day and provide a brief orientation prior to the start of their clinical work.

Basic Orientation for Student

- Show student where to hang coat, put personal things, refrigerator for lunch (if you have one), and where to park.
- Show student where they can read and find medical reference materials.
- Describe student dress code for the practice if different from the NUNM standard.
- Review hours/days patient care is provided.
- Review your phone system if the student will be utilizing this.
- Briefly describe patient flow and office system (e.g. records, triage, and patient registration).
- Introduce student to other staff, describe each person's role and responsibilities as they relate to patient care.
- Review student absentee policy and inform them about how to notify your office.
- Provide student with a contact person for questions or problems.
- Briefly describe the history of the community/population you serve. If literature or a video is available, please inform student about it.
- Provide any necessary permissions for accessing electronic health records systems if applicable.
- If the student will not be working with a patient, provide them with guidance regarding office-related activities they can assist you with. They should not work on homework during "downtime" but rather should focus on clinically or administratively-related activities in your office.

Overview of Student Learner

- Discuss the rotation in relation to the student's career plans.
- Discuss rotations previously completed and specific medical experience and clinical skills the student has (from their Learning Goals document).

Overview of Your Expectations of the Student Learner

- Student's level of responsibility and autonomy in providing patient care

- Discuss the degree to which the student will observe you in practice, “room” patients or take vitals and brief histories, perform physical examinations, deliver patient education, assist in diagnostic evaluations such as taking vital signs, phlebotomy, urinalysis, etc.
- Other learner responsibilities (call patients, etc.)
- Amount of reading or outside research expected
- Instructions and expectations for Electronic Health Record usage, writing chart notes, writing prescriptions, referrals, etc.
- Length of time to spend with each patient
- Any relevant practice policies.

Professionalism, Ethics and Values

- Discuss your background experiences, and career choices.
- Discuss expectations regarding confidentiality and patient privacy.
- Discuss expectations regarding cultural competency and working with diverse patient populations.
- Model how to show respect to your patients and staff.
- Model how you establish rapport with your patients. How do you want the student to interact?

Preceptor/Student Interaction

- Discuss your preferred format for when the student should ask questions and give case presentations.
- Review logistics for checking patients in and out, and discuss when and how the learner should interrupt the preceptor.
- Allow a regular time and process for feedback.
- Plan time in advance for a final evaluation if the rotation is longer than 8 total hours.

INTEGRATING THE LEARNER IN THE BUSY PRACTICE

Your office or clinic is a busy place and becoming even busier. At the same time, your office is an increasingly valuable site for training a medical student. How can you integrate these learners into your practice while maintaining your sanity and your bottom line? The following suggestions have been supplied by experienced community-based preceptors.

Orient the Learner

Solicit staff help in orienting the learner to your practice. Develop a checklist of orientation topics (or use ours on the previous pages!). If you teach frequently, write out policies and expectations. Go over expectations with the learner at lunch or a break on the first day.

Seek Patient Acceptance of the Learner

Tell patients that you teach: consider putting a sign in your waiting room (Appendix B) or an article in the newspaper. Ask for patient permission to be seen by learner, emphasizing patients' role as teacher. Thank patients for working with learner.

Schedule for the Learner

Schedule 1-2 fewer patients per teaching day, OR schedule more acute "work-in" patients, OR expect your workday to be 45 minutes longer when teaching. Schedule some breaks: have learners spend a half-day at a time with your partner, medical assistant or office staff. Assign independent projects such as reading, a literature search, a chart audit, or development of patient education materials. The student learner can be of great assistance in research for your patient encounters.

Keep Things Moving

If your student is going to be clinically involved in your practice and help with taking patient histories, have them see every third patient: learner sees first patient as you see second; learner presents to you and you see patient together; learner writes chart while you see third patient. Use focused teaching techniques such as the One Minute Preceptor. When behind, instruct learners to do some reading (warn in advance this sometimes happens). For learners that take a long time with patients, set time limits for each encounter.

Find Time to Teach

Focus on brief teaching points during the day. Keep notes; address larger teaching topics at specific times (end of the day or start of the next day or "down" times).

TIPS ON INTRODUCING LEARNERS TO PATIENTS

One of the most important aspects of training is to expose students to as many different patients and clinical conditions as possible. More than anyone, students depend on you to help them see patients.

The more positive you are with the patient, the more positive the experience will be for both the patient and students. We suggest using standard instructions with each of your patients, such as the following which could be utilized by your front desk staff:

- “Dr. _____ has a doctor in training, (student name), working with them today. Please let us know if you have any objections to them assisting in your visit today.
- “Dr. ____ has a doctor in training, (student name), working with them as part of the team today. They’ve asked the student to see you first, and will join you shortly afterwards.
- “Dr. ____ has requested the student doctor, (student name), meet with you first and then s/he will join you.”
- [The following can be used if the student’s photo is placed in the waiting area]
“Did you see the photo of our student doctor, (student name), in the waiting room? S/he is going to see you first, but Dr. _____ will join you afterwards.”

A sign, as shown in Appendix B, can be placed in your waiting area to introduce patients to the students if desired.

PREPARING THE STUDENT FOR THE CLINICAL ENCOUNTER

Briefly preparing students for patient encounters (whether with you or on their own) helps them to focus on relevant information and specific skills for each experience. Students can then set and achieve one or two specific learning goals with each patient. Following are a few suggestions for priming a student for patient encounters:

1. Have the student review the patient’s record and reason for the visit beforehand.
2. Provide a brief overview of the patient’s medical and social background (if you know the patient).
3. Tell student what you would like her/him to focus on (patient issues, specific examination).
4. If the student is seeing the patient to start, set time limits to conduct these activities.
5. Ensure that the student is comfortable performing the activities and offer to work with them on tasks that they are not yet familiar performing.

TIPS FOR BEING AN EFFECTIVE PRECEPTOR

A review of selected literature has revealed that the following are characteristics of effective clinical teachers:

Communication

- Possesses and demonstrates broad knowledge
- Explains the basis for actions and decisions
- Answers learner questions clearly and precisely
- Open to conflicting ideas and opinions
- Connects information to broader concepts
- Communicates clear goals and expectation
- Captures learners attention
- Makes learning fun

Careful analysis of the learner

- Accurately assesses learner's knowledge attitudes and skills
- Uses direct observation of the learner
- Provides effective feedback
- Performs fair and thoughtful evaluations

Skill in practice and teaching

- Provides effective role modeling
- Demonstrates skillful interactions with patients
- Presents information with organization and clarity
- Generates interest in the subject matter
- Organizes and controls the learning experience
- Balances clinical and teaching responsibilities
- Gives appropriate responsibility to the learner

Motivates the learner

- Emphasizes problem solving
- Translates specific cases into general principles
- Promotes active involvement of the learner
- Demonstrates enjoyment and enthusiasm for patient care and teaching
- Develops a supportive relationship with the learner

One-Minute Preceptor

(Neher, MD, et al. 1992)

Get a commitment

- “What do you think is going on?”
- Provide assessment of learner’s knowledge/skill
- Teach interpretation of data

Probe for supporting evidence

- “What led you to this conclusion?”
- Reveals learner’s thought process and identifies knowledge gaps

Teach general rules

- “When you see this, always consider...”
- Offer “pearls” which can be easily remembered

Reinforce what was done well

- Offer positive reinforcement
- “You did a nice job with...”

Correct errors

- “Next time, try or consider...”
- Comment on omissions and misunderstandings to correct errors in judgment or action

Five-Step Method for Teaching Clinical Skills

(George, PhD and Doto, MS 2001)

1. Provide an overview of the need for the skill and how it is used in patient care.
2. Demonstrate exactly how the skill is performed without commentary.
3. Repeat the procedure, but describe each step.
4. Have student “talk through the skill” by detailing each step.
5. Observe and provide feedback to the student as s/he performs the skill.

Performing a Student Observation

(Wilkerson, EdD and Sarkin, MD, EdM 1998)

Observation is a powerful technique to understand what a student knows and what s/he could do to improve. Finding time to observe a student may seem difficult, but just two minutes of observation can yield sufficient information to provide valuable, constructive feedback.

1. Explain the purpose of the observation to the student.
2. Tell the student how the observation will take place.
3. Let patient know that a brief observation may take place (student or preceptor explains).
4. Conduct observation at the beginning or in the middle of a student’s time with the patient for two minutes without interrupting.
5. Try to leave room without disrupting the student/patient encounter.
6. Quickly jot notes about what you observed.
7. Provide specific feedback to the student as close to the observed encounter as possible.
8. Set an agenda with the student for future learning.

Providing Feedback

(Anderson, BSc, MD, FRCSC, MEd 2012)

Students frequently say that they desire more feedback from their preceptors. Aim to provide feedback on a routine basis. The more often you provide feedback, the easier it becomes. Try the following:

- Inform the student that you are about to give them some feedback.
- Use the sandwich approach – give positive comments, note areas needing improvement, end on positive note.
- Follow with the comment that you have just given them feedback.

Recommendations for Giving Constructive Feedback

1. Identify the educational purpose
2. Find someplace private
3. Focus on an observed behavior
4. Speak in the first person
5. Encourage self-assessment
6. Utilize the positive-negative-positive approach
7. Be specific and timely
8. Keep it simple and slow
9. Negotiate and action plan
10. Plan for follow-up feedback

Give Feedback to Help Learners IMPROVE

I -Identify and discuss objectives with learner

M -Make a feedback-friendly environment

P -assess **P**erformance; prioritize the feedback you give

R -Respond to the learner's self-assessment

O -be **O**bjective: report specific behaviors observed; describe potential

V -Validate what the learner has done well or suggest other strategies

E -Establish a plan to implement changes (if needed); have learner summarize feedback and plan

COMPLETING THE STUDENT EVALUATION

The student evaluation is available as a PDF fillable form at the *Information for Preceptors* page at www.nunm.edu/COMEx. We advise that you review the evaluation form in advance of your student's rotation so that you are aware of specific areas of focus.

It is your decision whether or not you would like to discuss your final evaluation directly with your student, but we recommend that you at least share any feedback you have for the student on an ongoing basis. This final evaluation is due no later than Friday of week 2 of the quarter following the rotation. Because students will not receive credit for the rotation unless it is completed by the deadline, we appreciate your timely completion of the form. A student evaluation is only required for rotations that are longer than a total of 8 hours. Please do not hesitate to contact us if you have any difficulties with the form. Also note that students do not receive a grade for their COMEX rotations, so we appreciate your honest feedback to help the student become a better physician.

Writing Evaluation Comments

In completing the final evaluation of your student, in addition to the 1-5 Likert scale, we would like you to comment on their overall performance. Your comments do not have to be an eloquent recommendation letter; we just need some of your observations. If a student does a good job and you think highly of their work, tell us why. If you have concerns, we need to know that also.

You may find it helpful to keep a log about each of your students in a secure but accessible location, and when someone does something really well or notable, make a note about it and date it. For example, if the student heard a murmur or made a good pick-up from the history or on a patient's physical exam, jot it down. You may also use your dated notes to write down concerns that you have. You can cut and paste these into your student's evaluation at the end of the rotation.

Evaluation: The G.R.A.D.E. Strategy

(Langlois, MD and Thach, MPH 2001)

(Note that there is **NOT** an actual letter grade given for the COMEx preceptorship.)

* G... Get Ready

- Review course expectation
- Review Evaluation Form
- Consider any unique Opportunities/Challenges of your site
- What are your Expectations for the learner?

* R... Review Expectations with Learner

- Meet very early in experience.
- Determine knowledge/skill level.
- Review: Program Goals, Your Goals, Learner's Goals
- Describe the Evaluation Process

* A... Assess

- Observe
- Record
- Provide Feedback Regularly
- Have Learner Self-Assess

* D... Discuss Assessment at Mid-Point

- Formal Meeting
- Learner and evaluator fill out form in advance
- Compare evaluations together
- Discuss differences and how expectations are being met

* E...End with a "Grade"

- Complete evaluation in advance
- Schedule sufficient time
- Support your evaluation with examples

REFERENCES

- Anderson, BSc, MD, FRCSC, MEd, Peter A. M. 2012. "Giving Feedback on Clinical Skills: Are We Starving Our Young?" *Journal of Graduate Medical Education* 4 (2): 154-158.
- George, PhD, John H., and Frank X. Doto, MS. 2001. "A Simple Five-Step Method for Teaching Clinical Skills." *Family Medicine* (33): 577-8.
- Langlois, MD, John P., and Sarah Thach, MPH. 2001. "Evaluation Using the GRADE Strategy." *Family Medicine* 158-160.
- Neher, MD, Jon O., Katherine C. Gordon, MA, Barbara Meyer, MD, MPH, and Nancy Stevens, MD. 1992. "A Five-Step "Microskills" Model Of Clinical Teaching." *Journal of the American Board of Family Medicine* 5 (4): 419-424. doi:10.3122/jabfm.5.4.419.
- Wilkerson, EdD, LuAnn, and Richard Sarkin, MD, EdM. 1998. "TEACHING THE TEACHERS: IS IT EFFECTIVE?: Arrows in the Quiver: Evaluation of a Workshop on Ambulatory Teaching." *Academic Medicine* 73 (10 S): S67-70.

APPENDIX A: COMEX PRECEPTOR APPLICATION AND AGREEMENT

(for reference only – this document is completed online at www.nunm.edu/ComEx)

APPENDIX B: TEACHING SIGN FOR OFFICE

*This practice serves as a
teaching site for students at
NUNM School of
Naturopathic Medicine.*

*As a patient of this practice,
you are helping educate future
doctors in skills necessary to be
competent and caring
physicians.*

Practice Medical Director

THANK YOU!

APPENDIX C: LEARNING GOALS

APPENDIX D:
COMEX STUDENT EVALUATION AND
TRACKING LOG