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On Doctoring Administration Contact Information

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I. Goals, Grading, & Student Responsibilities

On Doctoring Course Description
On Doctoring is a two-year course that provides an understanding of the role of the physician in the clinical setting and in the community through longitudinal clinical and didactic experiences in the first two years of medical school. During the first year, the course will focus on patient interviewing, physical diagnosis, physical exam, patient write-ups from student’s clinical encounters, and developing the doctor-patient relationship. The second year builds on these skills with focuses on clinical reasoning and developing an assessment and plan.

Teaching Methods
For precepting sessions, the dates for visiting preceptor are located on the schedule. The day of the week that your students will attend is at your discretion. Precepting sessions will be scheduled in 3-hour blocks, (generally) every other week.

Expectations

Attendance
On Doctoring follows the same attendance policy as the clerkships. This policy states that students’ faculty small group facilitator must approve any absence (i.e. if students are going to be out sick, they need to contact their small group facilitator ahead of time to let him/her know they will be missing a session). Students also need to notify you ahead of time to let you know they will be missing a session. If your student has missed a preceptor visit, that session must be made up at a later date. If students are frequently missing preceptor visits, please contact the On Doctoring office as soon as possible. Let your students know how you would like to be contacted and ask students for a contact number in which they can be reached.

Geisel School of Medicine Documentation
Before students begin preceptor visits, they must have up-to-date liability, disability, and health insurance; immunizations and health record; if you require specific forms or orientation through Human Resources please contact the On Doctoring Office at (603) 650-1797 to let Terri Eastman know to expedite this process.

Textbook & Resources

Grading
The course is graded Pass/Fail.

The criteria for passing On Doctoring are:
1. Active, self-reflective participation in all small group sessions and all preceptor visits
2. Demonstrated competency and completion in the following interviewing skills through:
   A. Simulations in small group
   B. Observations by preceptor
   C. Interview with a standardized patient
   D. OSCEs
3. Demonstrated competency and completion in physical diagnosis skills through:
   A. Participation in small group
   B. Completion of written assignments
   C. Observations by preceptor
   D. Physical exam skills assessment
   E. OSCE
4. Demonstrated competency and completion in:
   A. Written assignments
   B. Oral presentations
4. Demonstrated competency in written assignments and oral presentations
5. Participation in and completion of DMEDs (Dartmouth Medical Encounter Documentation System).

_The criteria for failing On Doctoring include any of the following …_

- 1. Unexcused absence for more than one small group session.
- 2. Unexcused absence for more than one preceptor visit.
- 3. Failure to pass physical diagnosis quizzes
- 4. Failure to demonstrate competency in physical diagnosis skills through role playing in small group, written assignments, observations by preceptor and OSCE review.
- 5. Failure to demonstrate competency in interviewing or oral presentation skills through participation in small group, written assignments, observations by preceptor and OSCE review.
- 6. Failure to participate in small groups.
- 7. Unprofessional behavior as determined by small group facilitator, preceptor and/or course directors.
- 8. Failure to submit passing patient write-ups. Patient write-ups that "need work" must be revised and resubmitted for a passing grade.

_Opportunities for remediation for assignments and competencies will be made available._

**Evaluations**

Students will be evaluated on their performance at the preceptor’s office formally at the end of the year, and informally throughout the year for self-improvement. Students are evaluated on preparedness, interviewing skills, physical diagnosis skills, and completion of course objectives. A sample _Year One and Year Two Preceptor Evaluation of Student_ can be found in the back of this manual. At the close of the year, this evaluation will be emailed to you along with a letter of instructions for completion.
**Year One Course Goals**

This course is a multi-dimensional course designed to help students learn the fundamental skills required to develop into a competent, caring physician. These critically important skills, used by physicians on a daily basis, include medical interviewing, performing physical examinations, doing written and oral presentations, problem solving, applying medical ethics, and exemplifying professional behavior. The course has multiple components: small group sessions demonstrating interviewing and physical exam skills, and work in a preceptor's office and community.

At the end of year one, students will have a basic level of proficiency in fulfilling the following objectives:

**Patient Interviewing**
1. To demonstrate and conduct a streamlined patient interview.
2. To effectively apply the functions and structure of the medical interview in a focused manner.
3. To demonstrate the ability to be an active listener.
4. To report and record diagnosis information completely and accurately to manage a patient’s biomedical and psychosocial problems.
5. To apply patient-centered counseling skills to facilitate behavior change.

**Physical Diagnosis**
6. To organize and perform a normal physical exam.
7. To operate and execute the elements of the normal physical exam.
8. To apply empathy and confidentiality to issues of patient privacy.
9. To express comfort for the patient in performing the physical exam.
10. To perform a focused physical exam by applying the relevant patient history to the exam.

**Oral Presentations and Clinical Write-ups**
11. To design an adequate write-up of an outpatient history and physical.
12. To organize and present clinical data in a clear, concise manner.
13. To describe normal and abnormal physical findings in clinical write-ups.
14. To prepare and practice basic oral presentations.

**Doctor-Patient Relationship**
15. To construct effective doctor-patient relationships.
16. To construct working relationships with other health care providers.
17. To implement professional and ethical conduct as a physician.
18. To evaluate how your own values and attitudes influence your relationships with patients.

**Personal and Professional Issues**
19. To demonstrate professional behavior in all aspects including preparation and active participation in all aspects of the course, intellectual honesty, as well as respect for patients, families, colleagues, and faculty.
20. To identify group dynamics and one’s role as a team member.
21. To prepare time for reflection on challenges (i.e. balancing personal and professional life, personal reactions to clinical work, and one’s identity as a physician).
22. To construct effective relationships, communication, and problem solving with other health care professionals.

**Year One Learning Objectives**

Becoming a physician requires far more than advanced knowledge and technical skill. Medical training involves growth in multiple domains beyond the intellectual one. Among them: learning how to manage emotions, how to function in the face of uncertainty, how to accept and learn from mistakes, and how to establish boundaries. (Requirements of Year One students to move to Year Two.) By the end of the year each student should have:

1. Prepared for and attended all large and small group sessions. (Weekly 2 hour small group meetings with few large group sessions presenting interviewing skills and patient panels)
2. Prepared for and taken all quizzes before small group sessions.
3. Attended all 14-15 (varies each year) preceptor visits. (One half day every other week)
4. Passed the Year One OSCEs
5. Completed an Ethics assignment including oral presentation
6. Submitted the assigned case write-ups to their facilitator (and optional to preceptor) by due dates.
7. Submitted the assigned Cadaver Story and Cultural Essay to their facilitator by due dates.
8. Taken a focused history of a standardized patient that is recorded and observed by their facilitator.
9. Demonstrated a physical exam in 30 minutes on a standardized patient.
10. Active participation and documentation of physical examination skills in DMEDS.
11. Met with their preceptor to receive feedback and to make plans for improved performance for the second semester and second year.
12. Met with their facilitator to receive feedback and to establish goals for improvement for second semester and second year.
13. Provide online feedback regarding his/her preceptor or facilitator.

Year One DMEDS Documentation
It is a requirement by On Doctoring and Geisel School of Medicine at Dartmouth that all clinical encounters are documented on the Dartmouth Medical Encounter Documentation System (DMEDS). Goals for reaching specific numbers of each encounter are given in the small group introducing DMEDS.

<table>
<thead>
<tr>
<th>Skill Type</th>
<th>Target #</th>
<th>Skill</th>
<th>Opportunity Sessions</th>
<th>Total Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Interview</td>
<td>8</td>
<td>HPI</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>PMH</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>ROS</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Social History</td>
<td>3, 14, 15</td>
<td>3+</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Family History</td>
<td>3, 14, 15</td>
<td>3+</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Occupational History</td>
<td>3, 14, 15</td>
<td>3+</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Health Maintenance History</td>
<td>6, 12, 13</td>
<td></td>
</tr>
<tr>
<td>8 Physical Exam</td>
<td>8</td>
<td>Vital Signs</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Cardiac Exam</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Pulmonary Exam</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Abdominal Exam</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Skin Exam</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td>13 Oral Presentations &amp; Notes</td>
<td>5</td>
<td>Orally Present Ambulatory Encounter</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Prepare Clinical Write-Up</td>
<td>All</td>
<td>15</td>
</tr>
</tbody>
</table>
### Year Two Course Goals
This course is a multi-dimensional course designed to help students learn the fundamental skills required to develop into a competent, caring physician. These critically important skills, used by physicians on a daily basis, include medical interviewing, performing physical examinations, doing written and oral presentations, problem solving, applying medical ethics, and exemplifying professional behavior. The course has multiple components: small group sessions demonstrating interviewing and physical exam skills, and work in a preceptor's office and community.

At the end of year two, students will have an adequate level of proficiency in fulfilling the following objectives:

#### Patient Interviewing
1. To demonstrate the ability to be an active listener.
2. To practice eliciting the complete and accurate information necessary to diagnose and manage patients’ biomedical and psychosocial problems.
3. To review and summarize the medical interview in oral presentations and write-ups.
5. To apply patient-centered counseling skills to facilitate behavior change.

#### Physical Diagnosis
6. To organize and perform a complete, normal physical exam (excluding GU and GYN exams) accurately and efficiently on a standardized patient.
7. To operate and execute the elements of the more advanced normal physical exam.
8. To perform a focused physical exam determined by the patient history.
9. To perform a GU exam on a standardized patient.
10. To apply empathy and confidentiality to issues of patient privacy
11. To express comfort for the patient in performing the physical exam.

#### Oral and Written Presentation Skills, Clinical Write-Ups
12. To organize clinical data in a clear, concise manner using the clinical write-up template.
13. To design an adequate write up a complete HPI for two hospitalized inpatients.
14. To prepare and practice organized, clear, and concise oral presentations.
15. To express clinical reasoning through generation of an assessment (including differential diagnosis) and plan in write-ups and oral presentations.

#### Doctor-Patient Relationship
16. To construct effective doctor-patient relationships.
17. To construct working relationships with other health care providers.
18. To implement professional and ethical conduct as a physician.

#### Personal and Professional Issues
19. To demonstrate professional and ethical behavior in all aspects including preparation and active participation in all aspects of the course, intellectual honesty, as well as respect for patients, families, colleagues, and faculty.
20. To construct effective relationships, communication, and problem solving with other health care professionals and patients.
21. To evaluate and reflect on one’s own personal values and attitudes and the influence of these on one’s relationships with patients.
22. To reflect on challenges (i.e. balancing personal and professional life, personal reactions to clinical work, and one’s identity as a physician).

### Year Two Learning Objectives
Becoming a physician requires far more than advanced knowledge and technical skill. Medical training involves growth in multiple domains beyond the intellectual one. Among them: learning how to manage one’s emotions, how to function in the face of uncertainty, how to accept and learn from your mistakes, and how to establish boundaries. (Requirements of Year Two students to move to Year Three.) By the end of the year each student should have:

1. Prepared for and attended all large and small group sessions.
2. Prepared for and taken all quizzes in preparation for the small group session.
3. Attended all 14-15 (varies each year) preceptor visits.
4. Passed the Year Two OSCE's.
5. Submitted the assigned case write-ups to your facilitator (and optional to preceptor) by due dates.
6. Completed all written histories and physical exams, A/P for two inpatients.
7. Submitted assessments and plans for two paper cases.
8. Demonstrated a physical exam in 30 minutes on a standardized patient.
9. Performed a GU exam on a standardized patient.
10. Fulfilled DMEDS requirements.
11. Met with their preceptor to receive feedback and to make plans for improved mid-year and end-of-year performance.
12. Met with their facilitator to receive feedback and to establish goals for improvement for second semester and third year.
13. Provide online feedback on his/her preceptor and facilitator.

**Year Two DMEDS Documentation**

It is a requirement by On Doctoring and Geisel School of Medicine at Dartmouth that all clinical encounters are documented on the Dartmouth Medical Encounter Documentation System (DMEDS). Goals for reaching specific numbers of each encounter are given in the small group introducing DMEDS. Website: [http://dmeds.dartmouth.edu/source/home_web_cas.asp](http://dmeds.dartmouth.edu/source/home_web_cas.asp)

**Year Two DMEDS Goals**

<table>
<thead>
<tr>
<th>Skill Type</th>
<th>Target #</th>
<th>Skill</th>
<th>Opportunity Sessions</th>
<th>Total Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interview</td>
<td>4 Complete HPI, PMH, ROS</td>
<td>INPT 1 &amp; 2, 11, 12, 13</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>15 Focused, Relevant HPI</td>
<td>All</td>
<td>17</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>2 Sexual History</td>
<td>11, 12, 13</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Physical</td>
<td>10 Cardiac Exam</td>
<td>All</td>
<td>17</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>10 Pulmonary Exam</td>
<td>All</td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>10 Abdominal Exam</td>
<td>All</td>
<td>16</td>
</tr>
<tr>
<td>7</td>
<td>Exam</td>
<td>4 Neurological Exam</td>
<td>All</td>
<td>12</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>5 HEENT Exam</td>
<td>All</td>
<td>15</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>5 Musculoskeletal Aggregate</td>
<td>All</td>
<td>17</td>
</tr>
<tr>
<td>10</td>
<td>Oral</td>
<td>10 Orally Present Ambulatory Encounter</td>
<td>All</td>
<td>17</td>
</tr>
<tr>
<td>11</td>
<td>Presentations</td>
<td>10 Prepare Ambulatory Clinical Write-Up</td>
<td>All</td>
<td>17</td>
</tr>
<tr>
<td>12</td>
<td>&amp; Notes</td>
<td>2 Prepare Inpatient Admission</td>
<td>INPT 1 &amp; 2</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>Counseling</td>
<td>3 Smoking Cessation MI Counseling</td>
<td>INPT 1 &amp; 2, 4, relevant</td>
<td>3+</td>
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</tbody>
</table>
Title: On Doctoring Clinical Preceptor
Department: Community & Family Medicine
Reports To: Terri L. Eastman, Program Administrator

Position #: 
Category: Exempt
Level: N/A

Mission
To improve the lives of the communities we serve through excellence in learning, discovery, and healing. To foster an inclusive, diverse community that reflects our world and addresses the most challenging issues in health care.

Position Purpose
To collaborate directly with the On Doctoring Program Administrator to determine student learning needs and assignments, and to guide, facilitate, supervise and monitor the student in achieving clinical objectives. The Clinical Preceptor will supervise the student’s performance of physical examination and interviewing skills to assure ongoing growth and development in these clinical skills. The Clinical Preceptor’s role is to coach, mentor and supervise the student in their development of skills in patient interviewing, physical exam, oral presentations, and use of the medical literature. Students should focus on practicing relevant clinical skills they have learned in small groups as well as attaining the requirements set forth by MEC, LCME and the On Doctoring Course.

Key Accountabilities

Functions
Clinical Preceptors are required to:
• Participate in identification of learning needs of the medical student.
• Set goals with the student in collaboration with the curriculum.
• Provide patient care in accordance with established, evidence-based clinical practice standards.
• Facilitate the student's orientation into the office/practice.
• Provide the student with feedback on his/her progress, based on preceptor's observation of clinical performance, assessment of achievement of clinical competencies and patient care documentation.
• Provide student and On Doctoring administration with written summative evaluation at mid-year and year-end from the provided templates.
• Plan learning experiences and assignments to help the student meet bi-weekly professional and clinical goals.
• Consult with the student’s small group facilitator as necessary.
• Participation in professional development activities to maintain faculty appointment.
Qualifications & Requirements

- AARNP, PA-C, MD, DO as appropriate for the health care discipline and level of student being precepted.
- Licensure and/or certification as appropriate for the health care discipline and level of student being precepted.
- Adjunct Faculty Appointment with Geisel School of Medicine at Dartmouth.
- Philosophy of health care congruent with that of Geisel School of Medicine at Dartmouth.
- Submission of the preceptor agreement and associated professional documents.
II. Preceptor Activities and Responsibilities Continued

A. Before the student visits
   1. Contact the On Doctoring Office with specific site documentation requirements.

B. On the first day that a student visits:
   1. Set aside at least 15 minutes to get acquainted with the student.
   2. Orient student to the practice, staff, and partners (Day One Orientation on page 9).

C. For each visit day
   1. Plan ahead and review assignments and goals. Terri Eastman will send a bi-weekly email to all preceptors which will include the session goals (goals are also available on Blackboard). Preceptors are encouraged to utilize Blackboard for additional helpful resources.
   2. Schedule patients for the student if needed.
   3. Ask student what their expectations are for that day.
   4. Give feedback ongoing throughout the day (Feedback Tips on page 13).
   5. Maintain a comfortable learning environment and involve staff with ongoing support of the student.
   6. Students can be very helpful, allow them to shadow/work with other staff members such as LNA’s, MA’s to take vitals, etc. Students can assist with rooming patients, taking vitals, and immunizations.

D. Overall
   1. Keep the broad On Doctoring goals in mind.
   2. Quality vs. Quantity of Encounters. It is often better for a student to get 2-3 complete histories and exams than to see 10 patients and only shadow.
   3. Communicate with On Doctoring Course Directors and staff about concerns or problems with student performance or behavior. If a student has missed a visit, the On Doctoring administration should be notified right away. (See page 15.)
   4. Provide formal feedback to your student by the end of January and at the end of the year. Communicate your feedback to the student's small group facilitator as well. (See sample evaluation forms beginning on page 18.)
   5. Review DMEDS reports with the student 2-3 times during the year. (See page 14.)

An afternoon in the life of an On Doctoring preceptor/student:

- An email is sent prior to your student’s visit summarizing current learning material being covered in On Doctoring that week.
- A bi-weekly email and schedule will be sent throughout the semester.
- With some direction to an appropriate patient, the student can conduct an interview and perform physical exam while the preceptor is attending to patients in other exam rooms.
- An afternoon visit can be a mix of seeing patients alone and working alongside the preceptor.
- Observation and feedback can be 2-3 minutes of observation followed by brief feedback either immediately or at the end of the day.
- If you need to end early for any reason, the student can be directed to an appropriate inpatient to do a full history and physical.
- The student can be shared with another provider (MD, DO, NP, or PA).

If you are away during a scheduled preceptor week:
Students have some flexibility in coming to clinic on an alternate week. The student can be mentored by another provider during that week, or can find an alternate activity (inpatient visit, home visit with a problem patient in your practice, nursing home visit, H&P’s with anesthesiology, work with a surgeon, ophthalmologist, pediatrician, etc for a half-day).
III. Day One Orientation

Prior to Day One:
1. Students have been instructed to contact their preceptors in advance, to confirm best day and time to meet.
2. Please notify staff in advance that a student will be joining the team on the specified day.
3. If necessary, students may need to attend site-specific HR orientations. If this is the case, please arrange these.

On Doctoring Day One:

A. General Principles:
   For some, the only time spent in a doctor's office was as a patient. First year On Doctoring students are often in this position of minor experience. What follows are some general principles that may help plan what to do with students the first day.
   1. The student is not expected to have any knowledge of medicine or medical offices.
   2. Accept who they are and support what they do.
   3. Goals and expectations must be clear, and their goals and expectations must be heard.
   4. Keep the first day simple.
   5. Plan for one tangible goal, which can be achieved on the first day.

B. Plan a student-preceptor meeting to review:
   Office Orientation:
   - Student's work area
   - Dress code
   - Staff and their responsibilities
   - Standard operating procedures (location of medical records, how to get a patient, etc)
   - Parking
   - Location of the bathroom, break room, etc.
   - Office lab/procedures
   - Office library and reference materials
   - Important telephone numbers
   - Patient population characteristics
   - Individual practitioner's interest and skills (family practice, internal medicine, pediatrics, specialty)
   - Exchange your contact information with your student

   On the first day, the assignment is to follow one patient from reception to leaving the office after seeing physician. For the rest of the first session, the student should shadow their preceptor during clinical visits.

C. Debriefing: Was the goal for the day met?
   Discuss with student:
   - Days and hours they will be in the office
   - Office dress, appearance
   - Procedure if student/preceptor is ill or cannot be in office
   - Office policies
   - Confidentiality (be explicit about the rules)
   - What helps and what hinders office flow
IV. Sample Student Guidelines

During the orientation process, make the expectations clear to the student. Some preceptors and students find value in the sharing of written guidelines that combine these expectations with site-specific orientation. A sample of such a written guideline is below. Modify the template accordingly.

For Students Working with Dr. ________________.

- Ambulatory medicine differs from inpatient medicine in several important ways. These guidelines can help make your experience in my office more rewarding.
- Please read the Curriculum Syllabus before coming to the office.
- Office hours are 8:40 am to 5:00 pm with 45 minutes for lunch. You may use the refrigerator to store lunches.
- Take time to browse through the schedule. Tell us if there are patients that you would particularly want to see.

Seeing Patients

- The nurse will let each patient know there is a medical student from the Geisel School of Medicine at Dartmouth working with them, and obtain permission for your participation in their care. Most patients enjoy spending time with students.
- Pay particular attention to the patient’s name, age, the diagnosis, medications, and the periodic examinations needed.
- Check the last progress notes in the chart. Notice the times we need to check on the follow-up visit. This will help you understand why the patient is here.
- Introduce yourself as a year one/two medical student from the Geisel School of Medicine at Dartmouth working with Dr. ____________.
- Always examine the patient with the preceptor to compare notes and discuss the findings.

Saving Time

- Scheduling impacts doctors as well as patients and it will often feel squeezed for time. Anything you can do to help move things along will allow us more time for discussion.
- Please assist elderly patients in getting on the exam table, undressing and dressing, and returning to the front desk.
- Always ask if the patient needs prescription refills. If they do, write them out for the doctor to sign.
- When giving instructions to the patient, please write them down. Patients appreciate having written instructions to take home with them.
- Keep an index card or notepad handy for research on unknown terms later in the day.
- Take vital signs and mark them in the chart. Many elderly patients need blood pressure monitoring, especially postural blood pressure measurements; orthostatic hypotension is common.
- Blood pressure and pulse should be measured while the patient is prone as well as sitting up. A complete geriatric assessment includes a medication history, a functional assessment, a life review and social history, a life-values assessment, and mini-mental and history geriatric depression screenings.
- Prioritize multiple needs in a time-limited clinical visit in order to keep to the schedule.
- Deal with the patient’s most important issue(s) today, bringing them back for anything else that needs to be dealt with. Set priority according to the following four areas of needs:
  1. The patient’s list of complaints
  2. The problem list and agenda
  3. Medication adjustments and refills
  4. Health maintenance issues

- When this rotation is finished, the student will know how to give patient instructions, update the Problem List, and write progress notes.
- Think about personal goals and objectives for the rotation. Discuss issues as they arise. Keep involved and active.
If you ever have questions that were not answered in the clinic, do not hesitate to contact the preceptor.

Have fun! Be Active! We are here to work as a team

*Modified from the orientation sheet provided by Dr. Lynn Li, Primary care/Geriatrics Division, University of Massachusetts Medical Center.
V. Tips for Integrating Learners Into Practices

On Doctoring recognizes that teaching in a preceptor setting is busy, and often hectic. For this reason, these goals are best achieved longitudinally. The following include tips to assist your learner.

Plan Ahead
Work the student in to weekly schedules
1. Plan a formal student orientation.
   a. Give the student a written description of the practice
   b. Give the student written guidelines of expectations (see next page)
2. Schedule other protected times for regular feedback including evaluations.
3. Orient patients
   a. Explain to patients the role you play for Geisel School of Medicine.
   b. Create a notice that explains there is a medical student attending from the Geisel School of Medicine at Dartmouth.
   c. Set explicit guidelines for the staff.
      How will students be introduced to patients?
      How will patient permission be obtained?
4. Set progressive goals throughout the week
   a. Shadow
   b. Model
   c. Function independently
5. Have students do things that may benefit the practice.
   a. Take vital signs
   b. Write out patient instructions
   c. Go over written patient education materials
   d. Counsel patients regarding smoking cessation, activity and nutritional guidelines
6. Share the student with partners, Nurse Practitioners, Physician Assistants, Nurse educators, Consultants, etc.
7. Have students work with the RN or MA to learn:
   a. Immunizations
   b. Phone triage
   c. Office triage
   d. Phlebotomy
8. Schedule students to work with:
   a. Billing Office
   b. Referral Coordinator to community services
   c. Receptionist/Appointment clerk
VI. Giving and Getting Feedback in the Office Setting

1. Students need to know how they are performing. Establishing a feedback schedule will help students know if their performance in the clinic is meeting expectations.

2. The most effective feedback is often given on a regular basis as part of the student’s office visit. This is not the same as the formal mid year and end of the year evaluation. On-going feedback to the student should help improve clinical performance especially when performed correctly. The following elements of constructive feedback will help in this process.

3. Preceptors should also expect feedback from the student regarding the number of patients, excessive shadowing, and lack of preceptor feedback.

Elements of Constructive Feedback

1. Provide efficient, immediate feedback.
2. Clarify the goals of the feedback session.
3. Setting the stage:
   a. Provide a relaxed, supportive atmosphere.
   b. Insure privacy.
   c. Define a time frame for the feedback session.
   d. Establish a reciprocal feedback session.
   e. Understand and agree on the goals.
4. Ask students to reflect on their own performance first. This will help you modulate your feedback based on their own reflection.
5. Describe observations without interpretation.
   a. Separate the behavior from the person.
   b. Deal with actions, observed behaviors, decisions and not with presumed intentions.
   c. Compare observations with the student’s views.
6. Describe feelings and reactions to observations.
7. Explain the likely outcome (judgment based on experience) of the interactions observed.
8. Limit the information to what the student can handle at one time.
   a. Be sensitive to their verbal and non-verbal reactions.
   b. Limit feedback to most important points.
9. Mix positive and negative feedback carefully (the feedback sandwich).
10. Encourage the student to provide feedback.
11. Summarize the session, checking for agreement.
12. Establish appropriate goals for the future.

Elements of Constructive Feedback was Developed by:
   Eric Bronstein, MD
   Nan Cochran, MD
   January, 1995
VII. Blackboard & DMEDS

Blackboard
Blackboard is an online information and communication system that stores course material for all Geisel School of Medicine at Dartmouth classes. Blackboard can be accessed and viewed by all. On Doctoring materials such as the course syllabus, weekly reading assignments, clinical tools and templates, and more are included on Blackboard.

Preceptors are encouraged to view materials on Blackboard in addition to reading the bi-weekly emails regarding student learning objectives.

Log on to Blackboard through this address: https://blackboard.dartmouth.edu
Choose the Guest Login option and type in the following credentials:
Username: ondoc.preceptor
Password: doctoring

If you have problems logging on to Blackboard, contact Blackboard support at blackboard.support@dartmouth.edu.

For Year One student preceptors, click the On Doctoring 1 (Fall 20-- & Spring 20--) course.
For Year Two student preceptors, click the On Doctoring 2 (Fall 20-- & Spring 20--) course.
Navigate through the site using the Course Menu on the left side.
Click on the Syllabus section, and scroll down to the Preceptor Area.

- Fall/Spring Sessions are listed by date and session title.
- Fall/Spring Assignments section contains the student’s clinical write-up assignments.
- Tool Box contains guidelines, templates, etc. and are useful tools for specific clinical skills and/or assignments.
- DMEDS section contains a link to the DMEDS website. DMEDS Goals for each year are listed in a table within the Syllabus section.

DMEDS
DMEDS (Dartmouth Medical Encounter Documentation System) is a web-based system that allows medical students to record patient encounters and to document the teaching and learning process that occurs with their preceptors. Its use (by students) is required in all the clinical clerkships at Geisel School of Medicine, starting with On Doctoring. The information collected is used to generate graphical reports that depict the students’ preceptor experience in areas including history and physical exam skill practice, feedback received from preceptor, and some patient demographics. The data reports have proven to be a valuable communication tool between the student and preceptor, and can be used to improve the student’s clinical learning experience. Students have used the report data to set personal learning goals to improve their learning experience. Please emphasize to your student(s) the importance of logging patient interactions in DMEDS every time they visit your office.

Several times a year, On Doctoring asks students to take an updated copy of their DMEDS report to review with their preceptor. Ask students to share their DMEDS report at any time during the year.

If you would like to know your DMEDS username and password to keep track of your student’s progress, please contact Brian Reid at Brian.P.Reid@dartmouth.edu or call at (603) 650-1335.
VIII. Conflicts, Concerns, or Challenges

Occasionally, as relationships with students develop, conflicts or challenging situations may arise. Differences in teaching and learning styles may become apparent. Someone may feel that certain expectations are not being met. Or logistical difficulties (such as transportation or time) may disrupt the continuity of the precepting experience.

Most problems are the result of inadequate communication, and it is encouraged that students and preceptors resolve conflicts through open discussion and negotiation. However, if a serious problem arises that is not easily managed in this context, it is strongly encouraged that preceptors contact the program administrator, Terri Eastman, as soon as possible. On Doctoring is happy to attempt to resolve challenging situations, and/or to identify further resources that may facilitate resolution.

If students are having professional or personal difficulties:

Clinical preceptors are often the first to detect when a student has previously unidentified learning challenges. These may become apparent as deficiencies in knowledge or skill, or as inappropriate attitudes or behaviors. Students may also manifest depression, or may otherwise appear to be coping poorly with the stresses of medical school.

Geisel School of Medicine at Dartmouth has multiple resources to help students in these situations. The goal is to assist all learners in meeting their potential in a respectful and supportive environment. If students require remedial coaching to achieve this goal, special academic assessment, or individual psychological/psychiatric care, On Doctoring is eager to provide this support and to facilitate the appropriate interventions.

If you sense that a student is having professional or personal difficulties that may require special attention, please contact the course directors.
IX. Payment

Clinical Preceptors Not Affiliated with DHMC or the VA:
Clinical preceptors that are not affiliated with DHMC or the VA will be paid a $2,000 per year per student stipend. Payment will be made to the preceptor in February. Preceptors that are unable to satisfy their academic year commitment will be paid at the following $255 for each month of service completed. Please ensure the On Doctoring office has your current address and Social Security number if you would like to be paid individually, or the Federal Tax ID number of your practice if you plan on being paid through your practice. This information is vital in processing your stipend in the most efficient way possible.
On Doctoring
Year One Preceptor Evaluation of Student

Directions: Expectations for each competency area are shown below. Please check the box that best describes the student’s performance in the following areas:

N/A    Not Observed
1   Needs Remediation Before Promotion: Inadequate performance for the end of year one. Not ready to move on to year two without successful remediation.
2   Making Progress Towards Expectations: Fair performance in this area, but would benefit from a bit more practice before beginning year two On Doctoring.
3   Meets Expectations: Good solid performance at a level of mastery expected for the end of year one. Student is definitely ready to move on to year two On Doctoring without reservation.
4   Exceeds Expectations: Excellent or outstanding performance in this area, definitely a strength. This student is already performing in this area at a level comparable to year two On Doctoring students.

There are seven sections for evaluation, listed and explained below:

I. Medical Knowledge: Demonstrates appropriate knowledge base for the end of year two. Applies knowledge effectively and thinks independently.
II. Skills for Patient Care: Is able to demonstrate the most basic elements of the history and physical exam, and presents the ability to synthesize information.
III. Interpersonal and Communication Skills: Oral Presentations: Accurate case summaries, communicates well with patients and other clinical staff.
IV. Professionalism: Sensitive, empathetic, and respectful of others’ concerns, points of view, and cultures. Honest and believable, accepts responsibility for their own actions. Consistently shows interest and takes initiative, consistently meeting responsibilities, attendance, and punctuality.
V. Continuous Personal Learning and Improvement: Committed to personal learning and improvement. Responds to and improves with feedback.
VI. Practicing Medicine in a Complex Health Care System: Aware of hospital/community resources. Understands roles of health care team members and collaborates with them in patient care at preceptor’s office.
VII. Overall Assessment
<table>
<thead>
<tr>
<th>I. Medical Knowledge</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
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<tbody>
<tr>
<td>A. Demonstrates knowledge of medical Interview content.</td>
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<tr>
<td>B. Demonstrates knowledge of physical exam content.</td>
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<tr>
<td>C. Able to ascertain the social, economic, cultural, and personal factors that affect the health of the individual.</td>
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</table>

**Strengths:**

**Recommendations for Improvement:**

<table>
<thead>
<tr>
<th>II. Skills for Patient Care</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>A. Demonstrates active listening skills.</td>
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<tr>
<td>B. Obtains medical data accurately through interview.</td>
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<td>C. Obtains appropriate psychosocial data.</td>
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<tr>
<td>D. Establishes effective student-patient relationships.</td>
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<tr>
<td>E. Establishes rapport, demonstrates empathy.</td>
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<tr>
<td>F. Demonstrates physical exam skills.</td>
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</table>

**Strengths:**

**Recommendations for Improvement:**

<table>
<thead>
<tr>
<th>III. Interpersonal and Communication Skills</th>
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<th>4</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Clinical Participation</td>
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<tr>
<td>A. Organization</td>
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<tr>
<td>B. Communicates appropriate feelings with patients.</td>
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<tr>
<td>C. Communicates thoughts to patients.</td>
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<tr>
<td>D. Communicates effectively with all members of the health care team.</td>
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<tr>
<td>E. Reflective about patient encounters.</td>
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<tr>
<td>F. Able to identify and overcome language, cultural or cognitive barriers.</td>
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<tr>
<td>G. Assists patients in understanding treatment options and encourage adherence to the chosen treatment.</td>
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**Oral Case Presentations**

| A. Logical Organization |   |   |   |   |     |
| B. Contain relevant history |   |   |   |   |     |
| C. Concise |   |   |   |   |     |

**Strengths:**

**Recommendations for Improvement:**

<table>
<thead>
<tr>
<th>IV. Professionalism</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>A. Behaves respectfully and responsibly.</td>
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<td>B. Consistently places the patients’ interests first, being mindful of issues of conflicts of interest, personal opinions, and biases.</td>
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### IV. Professionalism Continued

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<tbody>
<tr>
<td>C. Meets professional responsibilities fully with focus on punctuality, engagement and reliability.</td>
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<tr>
<td>D. Empathizes with patient concerns and respect patients’ points of view and cultural traditions.</td>
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**Strengths:**

**Recommendations for Improvement:**

### V. Continuous Personal Learning and Improvement

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<tbody>
<tr>
<td>A. Shares DMEDS data and reflects.</td>
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<tr>
<td>B. Engages preceptor regarding clinical questions and follow up.</td>
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<tr>
<td>C. Responds constructively to feedback.</td>
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<tr>
<td>D. Integrates clinical and classroom experiences.</td>
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</table>

**Strengths:**

**Recommendations for Improvement:**

### VI. Practicing Medicine in a Complex Health Care System

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</tr>
</thead>
<tbody>
<tr>
<td>A. Identifies the impact of systems of care on patients (i.e. transition of care from inpatient to outpatient, visiting nurses, other health care professionals, home visits).</td>
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<tr>
<td>B. Identifies and utilizes clinical resources to support patient care.</td>
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</table>

**Strengths:**

**Recommendations for Improvement:**

### VII. Overall Assessment

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<tr>
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<tbody>
<tr>
<td>Overall Assessment</td>
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<tr>
<td>Additional Comments:</td>
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</table>
On Doctoring
Year Two Preceptor Evaluation of Student

Directions: Expectations for each competency area are shown below. Please check the box that best describes the student’s performance in the following areas:

N/A Not Observed
1 Needs Remediation Before Promotion: Inadequate performance for the end of year two. Not ready to move on to year three.
2 Making Progress Towards Expectations: Fair performance in this area, but would benefit from a bit more practice before beginning year three.
3 Meets Expectations: Good solid performance at a level of mastery expected for the end of year one. Definitely ready to move on to year three without reservation.
4 Exceeds Expectations: Excellent or outstanding performance in this area, definitely a strength. This student is already performing in this area at a level comparable to Novice year three student.

There are seven sections for evaluation, listed and explained below:

I. Medical Knowledge: Demonstrates appropriate knowledge base for the end of year two. Applies knowledge effectively and thinks independently.

VIII. Skills for Patient Care: Is able to demonstrate the most basic elements of the history and physical exam, and presents the ability to synthesize information.

IX. Interpersonal and Communication Skills: Oral Presentations: Accurate case summaries, communicates well with patients and other clinical staff.

X. Professionalism: Sensitive, empathetic, and respectful of others’ concerns, points of view, and cultures. Honest and believable, accepts responsibility for their own actions. Consistently shows interest and takes initiative, consistently meeting responsibilities, attendance, and punctuality.

XI. Continuous Personal Learning and Improvement: Committed to personal learning and improvement. Responds to and improves with feedback.

XII. Practicing Medicine in a Complex Health Care System: Aware of hospital/community resources. Understands roles of health care team members and collaborates with them in patient care at preceptor’s office.

XIII. Overall Assessment
### I. Medical Knowledge

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<thead>
<tr>
<th></th>
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<th>2</th>
<th>3</th>
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</tr>
</thead>
<tbody>
<tr>
<td>A. Understands medical interview content</td>
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<td>N/A</td>
</tr>
<tr>
<td>B. Understands physical exam content</td>
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<td></td>
<td>N/A</td>
</tr>
<tr>
<td>C. Able to ascertain the social, economic, cultural, and personal factors that affect the health of the individual.</td>
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<td>N/A</td>
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</table>

**Strengths:**

**Recommendations for Improvement:**

### II. Skills for Patient Care

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>A. Demonstrates active listening skills</td>
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<tr>
<td>B. Obtains medical data accurately through interview.</td>
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<td>N/A</td>
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<tr>
<td>C. Obtains appropriate psychosocial data</td>
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<td>N/A</td>
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<tr>
<td>D. Establish effective student-patient relationships</td>
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<td>N/A</td>
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<tr>
<td>E. Establishes rapport, demonstrates empathy</td>
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<td>N/A</td>
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<tr>
<td>F. Demonstrates physical exam</td>
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<td>N/A</td>
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<tr>
<td>G. Demonstrates clinical reasoning skills</td>
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<td>N/A</td>
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<tr>
<td>H. Develops assessment and plan</td>
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</table>

**Strengths:**

**Recommendations for Improvement:**

### III. Interpersonal and Communication Skills

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<tbody>
<tr>
<td>Clinical Participation</td>
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<td>N/A</td>
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<tr>
<td>A. Organization</td>
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<td>N/A</td>
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<tr>
<td>B. Communicates appropriate feelings with patients</td>
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<td>N/A</td>
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<tr>
<td>C. Communicates thoughts to patients</td>
<td></td>
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<td>N/A</td>
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<tr>
<td>D. Reflective about patient encounters</td>
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<td>N/A</td>
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<tr>
<td>E. Communicate effectively with all members of the health care team</td>
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<td></td>
<td>N/A</td>
</tr>
<tr>
<td>F. Able to identify and overcome language, cultural or cognitive barriers</td>
<td></td>
<td></td>
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<td>N/A</td>
</tr>
<tr>
<td>G. Assists patients in understanding treatment options and encourage adherence to the chosen treatment</td>
<td></td>
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**Oral Case Presentations**

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<tr>
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<th>2</th>
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<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>A. Logical Organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>B. Contain relevant history</td>
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<td>N/A</td>
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<tr>
<td>C. Concise</td>
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<td>N/A</td>
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</table>

**Strengths:**

**Recommendations for Improvement:**

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Preceptor Evaluation of Student

23
### IV. Professionalism

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>B.</td>
<td>C.</td>
<td>D.</td>
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<td>Behave respectfully and responsibly</td>
<td>Consistently place the patients’ interests first, being mindful of issues of conflicts of interest, personal opinions, and biases.</td>
<td>Meet professional responsibilities fully with focus on punctuality, engagement and reliability.</td>
<td>Empathize with patient concerns and respect patients’ points of view and cultural traditions.</td>
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**Strengths:**

**Recommendations for Improvement:**

### V. Continuous Personal Learning and Improvement

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<td>C.</td>
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<td>Shares DMEDS data and reflects</td>
<td>Engages preceptor regarding clinical questions and follow up.</td>
<td>Responds constructively to feedback</td>
<td>Integrates clinical and classroom experiences</td>
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**Strengths:**

**Recommendations for Improvement:**

### VI. Practicing Medicine in a Complex Health Care System

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<td>Identifies the impact of systems of care on patients (i.e. transition of care from inpatient to outpatient, visiting nurses, other health care professionals, home visits)</td>
<td>Identify and utilize clinical resources to support patient care.</td>
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**Strengths:**

**Recommendations for Improvement:**

### VII. Overall Assessment

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**Additional Comments:**

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**Preceptor Evaluation of Student**

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