

INTRODUCTION  
TO  
CLINICAL PRACTICE 1B

# Syllabus

UNIVERSITY OF FLORIDA

College of Medicine

Department of Community Health  
and Family Medicine

CLASS OF 2019

May 2-6, 2016

COORDINATED BY  
UNIVERSITY OF FLORIDA  
AREA HEALTH EDUCATION CENTERS PROGRAM

**Course Guide  
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## I. GENERAL OVERVIEW

### A. DESCRIPTION OF COURSE

Introduction to Clinical Practice 2 is a one week clinical immersion course that takes place during the winter semester of the second year. As part of the integrated curriculum this course is designed to give students the opportunity to further develop the clinical skills they are learning. This course is a joint effort between the University of Florida Area Health Education Center (AHEC) and the College of Medicine. The primary learning activity of the preceptorship is the students clinical experience working directly with a primary care physician or specialist. Housing is provided by AHEC if the student is assigned to a site that is in the North Florida Region, over an hour from Gainesville, and not in their home town.

### B. ADMINISTRATIVE STRUCTURE

**Course Director:** **Daniel A. Rubin, MD** **Office: (352) 273-0944**  
**Cell: (352) 359-4297**  
Community Health & Family Medicine  
Family Medicine at Haile Plantation  
1600 SW Archer Road Room G1-023  
[rubind@ufl.edu](mailto:rubind@ufl.edu)

**Department Chair:** **Peter J. Carek, M.D., M.S.** **Office: (352) 273-5138**  
Community Health & Family Medicine  
1600 SW Archer Road Room N-107  
Gainesville, FL 32610-3588  
[carek@ufl.edu](mailto:carek@ufl.edu)

**Teaching Faculty:** Over 120 physicians act as preceptors for this course. Most preceptors are part of the STH-UF and STH-Jax sites., Some additional preceptors are located in the Gainesville community and the student's home towns.

#### Course Administrative Assistants:

**Administrative Coordinator:** **Cynthia Freeman** **Office: (352) 273-8530**  
UF AHEC Program Office  
2750 NW 43rd Street Suite 102  
Gainesville, FL 32610-3581  
[cfreeman@ufl.edu](mailto:cfreeman@ufl.edu)

**Program Assistant:** **Shawn Murphy, Program Assistant**  
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**Program Assistant:** **Maria Bolanos** **Office: (352) 273-5151**  
Community Health & Family Medicine  
Medical Education  
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[bolanos@ufl.edu](mailto:bolanos@ufl.edu)

## **C. OVERVIEW OF COURSE CONTENT**

Students will spend one week working with a primary care physician or specialist. The daily activities of each student will be determined by the specialty and scope of practice of the preceptor, and will be somewhat variable. Students are expected to participate in all aspects of the preceptor's practice, including clinic and hospital duties, hospital conferences, medically related presentations, home visits, procedures etc.

## **D. EDUCATIONAL PHILOSOPHY**

"Introduction to Clinical Practice," an innovative course added to the curriculum in 1992, was spawned from comments of many students who desired earlier clinical exposure in order to balance and enhance the basic science curriculum. The course has been very successful by exposing students to strong physician role models demonstrating the relevance of basic science to the clinical practice of medicine, and providing a glimpse of the contemporary practice of medicine in community and academic settings.

The foremost educational goal of the College of Medicine is to provide each student with a general professional education. This course plays an important part in helping students reach this goal by providing an in-depth, immersion experience. During Introduction to Clinical Practice 2 preceptorship, the students will have numerous opportunities to practice history-taking skills, perform physical exams, present patients as well as develop differential diagnoses. In addition they will participate as part of a health care team learning the various members that make up a health care patient home

It is firmly believed that by exposing students to strong physician role models early in their education, they will be better focused and more highly motivated to become caring, competent physicians in whatever area of medicine they choose. There are basic standards of caring and responsibility that all physicians should possess. What better way to introduce these basics than by placing students with community physicians who demonstrate these standards in the daily practice of medicine?

## **E. COURSE TIMETABLE**

<b>CLERKSHIP</b>	<b>May 2-6, 2016</b>
<b>Day 1</b>	Communicate / Remind Attending of learning objectives. Begin Preceptorship experience
<b>Day 2</b>	Continue preceptorship experience. Log patients.
<b>Day 3</b>	Continue preceptorship experience
<b>Day 4</b>	Continue preceptorship experience. Log patients.
<b>Final Day</b>	Continue preceptorship experience. Review final evaluation with student. Students complete Course evaluation. Students are to have turned in 1 SOAP note (or Full H&P) or Case Report to the course director
<b>POST CLERKSHIP</b>	<b>Final evaluation of student – Due May 13, 2016</b> Filed within one week of clerkship's last day

## **F. UNIVERSITY OF FLORIDA'S AREA HEALTH EDUCATION CENTERS**

AHEC's (Area Health Education Centers) purpose is to provide community-based education and training for students in health professions and to implement programs that meet the local needs of rural and underserved communities. The funds for these programs are derived from federal, state, and local sources.

The AHEC Program at the University of Florida has oversight of the activities of four regional centers: West Florida AHEC in Crestview (near Pensacola), Big Bend AHEC in Tallahassee, Suwannee River AHEC in Alachua (near Gainesville), and Northeast Florida AHEC in Jacksonville. Together, these four Centers span across thirty-seven counties from Duval on the east coast to Escambia on the Florida-Alabama border and from Marion County to the Florida-Georgia border. AHEC's priorities are to support rural and medically underserved communities and populations; increase access to primary care; promote interdisciplinary approaches to health care; engage in service learning and health promotion activities; promote cultural sensitivity; and provide service to diverse populations based upon need. In addition, AHEC supports the statewide health priorities and interests of the Florida Department of Health and has been successful in developing and maintaining a statewide tobacco training and cessation program.

AHECs today continue to fill an important role in public and community health. It is important for health professions students to know about AHEC, its mission, programs, and staff, dedicated professionals available to help support students as they enter and grow in their health careers.

## **G. OBJECTIVES and LEARNING ACTIVITIES**

### **Course Goal**

The primary goal of the course is to provide an early clinical experience in medical school, which will allow students to experience general practice in a community setting with a strong primary care role model, or specialty care experience in either the community or tertiary care setting. In either setting, students will be able to practice their recently acquired interviewing and physical exam skills and learn to function in their role as medical professionals.

### **Course Objectives**

This course will provide an opportunity for students to develop the following competencies:

#### **Core Disciplines - Competencies unique to the course**

**Objective 1A:** Students will demonstrate the ability to obtain a focused history and perform physical exams.

**Activities:** Practice in the preceptorship setting.

**Evaluation:** By listening to students' presentations of patient histories, preceptors will directly assess each student's competency in history taking. Preceptors should also directly observe each student's history taking ability and physical exams at least twice.

**Objective 1B:** Students will become engaged in all aspects of their preceptors practice and take advantage of opportunities to participate in all aspects of community life.

**Activities:** Participation during the preceptorship.

**Evaluation:** By direct observation of student involvement, preceptors will assess each student's achievement of this objective.

**Objective 1C:** Students will practice patient presentations.

**Activities:** Participation during the preceptorship.

**Evaluation:** By direct observation of student involvement, preceptors will assess each student's achievement of this objective.

### **Human relationships and communication**

**Objective 2.** Students will demonstrate knowledge about psychological, social, and economic factors and cultural diversity as they pertain to health care, and demonstrate evidence of inquiry into familial and other support systems.

**Activities:** Practice and instruction obtained during the preceptorship

**Evaluation:** By direct observation and by listening to students' presentations of patient histories, preceptors will directly assess each student's knowledge of psychological, social and economic factors and their ability to inquire about them when pertinent.

**Objective 3.** Students will effectively engage the patient and family in verbal communication.

**Activities:** Practice obtained during the preceptorship.

**Evaluation:** By listening to students' presentations of patient histories and evaluation the quality and accuracy of information, preceptors will be able to indirectly assess each student's ability to engage in effective verbal communication. Preceptors will also directly observe each student communicating with patients once during the formulation of a Learning Plan and once during the last week of the preceptorship.

### **Professional behavior**

**Objective 4.** Students will demonstrate respect for patients, families, and members of the health care team; be truthful and honest with colleagues; communicate an attitude of empathy and caring; place patient's well-being over self-interest (altruism) and be dedicated to patient care; show ability

to resolve conflicts between personal moral convictions and patient's choices; preserve patient confidentiality; and show appropriate self-assessment and willingness to admit mistakes.

**Activities:** Practice during the preceptorship

**Evaluation:** Via direct observation of each student's behavior during the preceptorship, preceptors will assess their achievement of this objective.

## H. COURSE MECHANICS

### 1. Preceptor Selection

Preceptors will be selected from primary care and specialties. Selections will be made by the course directors and all participants will receive training specific to the course objectives. Students who wish to return to their hometown may arrange their own preceptorship, subject to approval by the course director.

### 2. Preceptor Assignment

A complete list of preceptors including location, specialty, and housing arrangements will be made available to the students prior to the course. A lottery will be utilized by all students to establish the choice sequence. Students will be matched based on their choice sequence. Preceptors must agree to accept the specific student assigned to them. If the preceptor rejects an assignment, alternate arrangements will be made for the student from a list of reserve preceptors.

### 3. Housing

Students selecting to stay in the Gainesville area or within a 1 hour drive from Gainesville, or those selecting to do a home-based rotation will not be provided housing. The AHEC Centers will provide housing for the other students completing rotations in their regions. It will be the option of the AHEC office to select the housing in subsidized situations. The student will also have the option of arranging his/her own housing if desired. **No housing subsidy will be available if students arrange their own housing.** Mechanisms of housing subsidy payments will be at the discretion of the AHEC office.

### 4. AHEC Coordinator

AHEC coordinators will either visit you on site or will host a meeting of all students in their service areas. The mechanics of the visit will be presented at the Pre-Clerkship Orientation meeting and appointments for a visit, as appropriate, will be scheduled. **Attendance is mandatory.**

### 5. Liability Insurance

Students will be provided \$200,000 per occurrence protection by the University of Florida, JHMHC Self Insurance Trust Fund. This is the usual coverage for any approved clinical educational experience. Preceptors should be aware that the student is an unlicensed individual, not authorized to practice medicine. Custom and usage have established that students do observe and "practice" under the supervision of fully licensed physicians, legally authorized to practice medicine. The ultimate responsibility for the medical activities of students always rests on the shoulders of the teacher-preceptor.

At the same time, it should be recognized that there is very little risk under the usual conditions of a teaching environment. To our knowledge, there are no cases in which a suit has been brought against a University of Florida medical student or against a precepting physician for the activities of a student/preceptor under his/her supervision on an outside rotation.

## I. EVALUATION OF STUDENT PROGRESS AND PERFORMANCE

### Formative Feedback

Preceptors are encouraged to provide students with regular, informal feedback on their performance and suggestions for improvement. The course does not require the completion of any written formative feedback evaluation.

### Summative Feedback

Preceptors are required to complete a summative evaluation of the student at the end of the preceptorship.

### Student Grades

Students will be graded on a pass-fail basis. Grades will be determined by:

1. The preceptor evaluation of student performance
2. Professionalism as assessed by preceptor, AHEC Coordinators and/or course staff.
3. Completion of all online course assignments:
  - course and preceptor evaluations
  - SOAP note or Full H&P or Case Report
  - web based patient log
4. Completion of housing checklist and return of apartment/room key as instructed by AHEC Coordinator.

## J. STUDENT RESPONSIBILITIES

### Establish a collegial relationship with your preceptor

Students are asked to call or email their preceptors and introduce themselves prior to the Preceptorship experience. We hope that the Preceptorship will be a rewarding experience for both the preceptor and the student. The preceptor should be able to answer most questions that arise during the rotation.

### Be aware of AHEC requirements and follow them

Without the hard work of the AHEC Preceptorship Coordinators, the preceptorship would not be possible. Each coordinator must arrange sites, provide housing, etc for 30 or 40 students. Please show your appreciation by carefully reading the materials they send you and following their instructions.

### Complete the learning objectives of the course

The basic responsibility for addressing course objectives rests with the student. The preceptor's role is to act as a resource and provide or suggest the appropriate patient care experience in the preceptor's office, community hospital, nursing home, or other health care facilities in his/her community. We expect the student will ask the preceptor's advice and follow his/her directions on the optimal means for accumulating the necessary clinical and community experiences. It is most important to remember that we hold the student responsible for accomplishing the objectives and exercises. The preceptor's role is as a clinical teacher and supervisor.

### Integrate into the usual work pattern of the practice

During the first day of the Preceptorship, the preceptor and the student should determine the program specifics (e.g., hours of hospital rounds, clinic hours, call responsibilities, dress code, etc.). We suggest that the student assume the preceptor's schedule unless it is extremely inconvenient or logically impractical. These details should be clarified during the completion of the Learning Plan in the first few days of the Preceptorship.

**Provide a high level of patient care congruent with your level of training, and ask for the preceptor's supervision and consultation whenever necessary**

We expect students to ask for their preceptors' supervision and consultation as they participate in patient care activities. Because students are not licensed physicians, the preceptor must see every patient at some point during the office visit and countersign all prescriptions and medical record entries written by the student.

**Practice safety in clinical environment**

Clinical experiences by their nature involve students in a variety of settings, locations and communities, as well as with a variety of patients/clients. Students are expected to exercise good judgment and reasonable caution in insuring their own safety during clinical experiences (e.g., lock car doors, travel with classmates when possible, be aware of security services). Patient care areas may have the potential for exposure to hazardous substances such as radioactive materials. Students who require protection beyond those of all staff are to notify faculty prior to any clinical assignments. If any time students believe the clinical setting is unsafe, students should take appropriate steps to protect themselves and their patients, including leaving the setting if necessary. Contact the course instructor or any college administrator immediately so that appropriate arrangements can be made.

**Complete one SOAP note or full H&P or Case Report**

Students are asked to complete one SOAP note or Full H&P or Case Report to be turned into studycore for review by the course director. Students are encouraged to review their note with their attending.

**Complete On-line Patient Logs**

Because of the large number and wide variety of sites used, it is essential for us to monitor the quality of the learning experience at every site. One key aspect is the numbers and types of patients seen there, and the student's level of responsibility. To assess this, we must have accurate data from each site. This is achieved via a web based log system. Having a log entry for every patient seen is most accurate, but the time this takes is not worth the data obtained. Therefore, we instead require that students log a specific sample of patients seen. **Every student must log the following patients:**

- a. **EVERY patient seen on Tuesday and Thursday for the entire preceptorship. NO EXCEPTIONS AT ALL! If you miss a Tue or Thur due to illness, log every patient seen on a different day instead, so that you log for 2 full days.**

Your entries are an important part of assuring that the preceptorship is meeting its objectives. **Your entries will be monitored for the week of the preceptorship.** Failure to do a conscientious job of recording this data will adversely affect your grade for the preceptorship, including possible failure and/or notification to the Academic Status Committee. **The link for the patient log will be provided at the orientation meeting.**

**Be a Good Representative of the College of Medicine**

**Please remember that you are a guest in the community where you complete your preceptorship. Throughout the year, AHEC Coordinators and preceptors work together on a variety of professional advisory boards, community programs, committees, and educational programs. It is essential that you follow the guidelines for housing and the student-preceptor relationship described on the pages of this Handbook. AHEC Coordinators and the UF College of Medicine maintain strong, ongoing relationships with community preceptors. It is expected that you will work toward this goal as well.**

## **K. PRECEPTOR RESPONSIBILITIES**

### **Allow your student to perform histories on their own.**

This is a course requirement that every student **must** meet. If you anticipate that it will be difficult for your student to perform independent histories, please notify Dr. Rubin right away (at one of numbers immediately below).

### **Allow your student to perform Physical Exams on their own or supervised.**

Students have practiced exam skills with standardized patients and one of the course objectives is for students to further develop these skills during their preceptorship.

### **Have students present patients to you and give feedback on the presentations**

This is the final preceptorship before clinical rotations and presentations are an essential skill to begin to develop.

### **Help students develop a differential diagnosis for the cases you see.**

This is the final preceptorship before clinical rotations and developing a differential diagnosis is an essential skill to begin to develop.

### **Communicate freely with the preceptorship staff**

The Preceptorship staff welcomes contact concerning student progress and is available to offer general assistance or answer any questions you might have:

#### **Course Director:**

**Daniel A. Rubin, MD**  
**Community Health & Family Medicine**  
**Family Medicine at Haile Plantation**  
**1600 SW Archer Road Room G1-023**  
**[rubind@ufl.edu](mailto:rubind@ufl.edu)**

**Office: (352) 265-0944**  
**Cell: (352) 359-4297**

### **Maintain a collegial relationship with the medical student**

The students are anticipating an enjoyable clinical educational experience in your practice. This will be enhanced when a collegial relationship can be established between you and your student. The students are instructed to contact their preceptors before the scheduled rotation time to introduce themselves and arrange a meeting time and place for the first day.

### **Provide opportunities for supervised clinical experience**

The Preceptorship is a clinical rotation and should include as much student-patient interaction as possible. Before beginning the Preceptorship, UF students have been taught how to obtain a focused history and how to perform portions of the physical exam. Each student has practiced these skills and received feedback on performance. However, as attendings, you will need to monitor each student's clinical skills and arrange patient care responsibilities at appropriate levels. We suggest that you observe the student with several patients to assure yourself that the student has acceptable skills before allowing him/her to see patients without your direct observation. A minimal expectation is that the preceptor allows students to conduct some patient interviews on their own. Because the student is not a licensed physician, you have the responsibility for countersigning every medical record entry and prescription written by the student. In addition, you should see the patient during some part of the medical visit. Many preceptors elect not to allow students at this level to make entries into the patient's permanent record, while others encourage it.

### **Inform patients that they are being seen by a supervised University of Florida medical student**

Please take a minute to introduce the student to your patients and to establish an informed consent system that best meets the needs of the patient population, yourself, and the student. Patients are usually receptive when medical students contribute to their care.

#### **Provide an orientation to the community and life outside the clinic**

The Preceptorship is intended to provide students with further training in the context of a community. In order to understand how a physician is responsible to a community, the student needs to make an effort to understand local health needs, the existing delivery system, the available resources, and your relationship with the community.

When convenient, please invite the student to share experiences that you would consider integral to the life of a physician in the community. These activities can include night calls, evening rounds, meetings at local clubs, school boards, CME activities, etc.

#### **Observe the student's performance**

There is no substitute for direct observation of students. You are able to provide much more meaningful feedback if it is coupled with knowledge gained from observation. It is difficult to take time to do this and you may not be able to do it often, but it is a critical element in the learning process. We suggest that you devise a mechanism in your schedule that allows you to directly observe the student performing a task at least once daily. At a minimum, direct observation should occur at least once during the final week of the preceptorship.

#### **Provide the student with constructive feedback: the essential ingredient for learning**

People learn when they are told specific behaviors they have done that are "good" and behaviors that "need improvement." Feedback should be given as descriptions of specific behaviors with both positive and negative statements. Feedback needs to be given in a private setting, not in front of patients or staff. Ideally, feedback should be given within minutes of the observed behavior (e.g. "That was a very good history you just obtained." or "Be sure to always ask about non-prescription medications, too.") Summative feedback should be given on a weekly basis (e.g. "Your history taking really improved this week. The main areas for improvement now are \_\_\_\_)

#### **Perform a careful evaluation of clinical performance**

Your official evaluation of the student, using the Evaluation of the Student Performance Form shown in the appendices, is very important. It will serve as a major factor in our determination of the student's grade for the entire Preceptorship. Your specific comments regarding the student's strengths and areas needing improvement, written on the evaluation form, are invaluable. We will send you a copy of the student's evaluation of you as a faculty person.

#### **Complete an evaluation of the course from your perspective as a preceptor**

We value feedback from preceptors and use it to make improvements in the course. (See Preceptor Evaluation of AHEC Preceptorship in the Appendices.)

### **L. AHEC COORDINATOR RESPONSIBILITIES**

#### **Establish and maintain relationships with new and returning preceptors.**

Throughout the year, AHEC Coordinators interact with preceptors to maintain strong, professional relationships. As part of AHEC's mission, they support the practices of physicians working in primary care in a variety of ways.

#### **Maintain housing arrangements.**

AHEC Coordinators develop and maintain a list of safe and appropriate short-term housing for students assigned to sites within our AHEC area.

**Assess students' professional behavior, as opportunity permits.**

Interaction with others and the ability to follow program requirements are important aspects of professionalism. We have asked the AHEC coordinators to help us assess professionalism by letting us know about any examples of either exemplary or questionable behavior during the preceptorship.

**Discuss needs in medically underserved areas.**

AHEC Coordinators will work with faculty and preceptors to inform students about the needs, challenges and rewards of establishing medical practices in underserved communities. Coordinators will also provide students with appropriate handbooks, pamphlets, and other materials that explain AHEC's responsibilities for improving the knowledge and skills of primary care physicians and other health professionals.

**Introduce the AHEC Coordinator and each Center that is part of the University of Florida's AHEC Program.**

**Center Office: Northeast Florida AHEC (7 counties)**

Coordinator: Nicole Dantes  
Address: 1107 Myra Street, Suite 250  
Jacksonville, FL 32204  
(904) 482-0189  
[ndantes@northfloridaahec.org](mailto:ndantes@northfloridaahec.org)

**Center Office: Big Bend AHEC (14 counties)**

Coordinator: Angelika Parker, MA  
Address: 325 John Knox Road  
Building M, Suite 200  
Tallahassee, FL 32303  
(850) 224-1177  
[aparker@bigbendahec.org](mailto:aparker@bigbendahec.org)

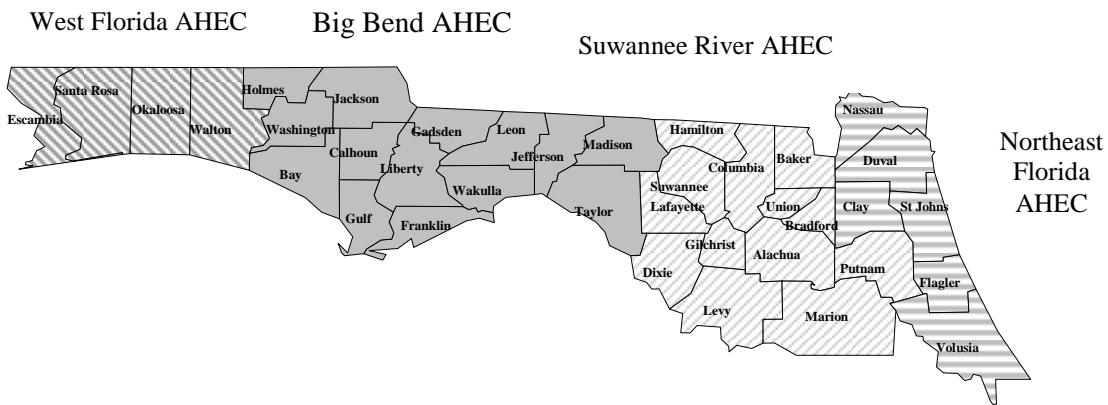
**Center Office: Suwannee River AHEC (12 counties)**

Coordinator: Marilyn Mesh, MEd  
Office: 14646 NW 151 Blvd.  
Alachua, FL 32615  
(386) 462-1551  
[mmesh@srahec.org](mailto:mmesh@srahec.org)

**Center Office: West Florida AHEC (4 counties)**

Coordinator: Penny Eubanks  
Address: 1455 South Ferdon Blvd.  
Suite B-1  
Crestview, FL 32536  
(850) 862-2552  
[peubanks@wfahec.org](mailto:peubanks@wfahec.org)

## **University of Florida AHEC Program Office Service Area by County**



**II.  
APPENDICES**

**SAMPLE EVALUATION FORMS**

**Introduction to Clinical Practice  
University of Florida  
College of Medicine**

**Introduction to Clinical Practice Preceptorship  
May 2-6, 2016**

**Final Student Evaluation Form**

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_ Department: \_\_\_\_\_

**1: Professionalism**

Satisfactory     Unsatisfactory     Not Applicable

**2: Patient Care**

Satisfactory     Unsatisfactory     Not Applicable

**3: Medical Knowledge**

Satisfactory     Unsatisfactory     Not Applicable

**4: Interpersonal and Communication Skills**

Satisfactory     Unsatisfactory     Not Applicable

Evaluator's comments on the student evaluation

Please return this student evaluation to Ms. Shawn Murphy (Program Assistant) by email, fax or mail by Friday May 13, 2016

Email: smurphy21@ufl.edu.              Fax : 352.273.7899

P.O. Box 100213, HMEB Suite 445

Gainesville, FL 32610

352.273.8580 phone

Thank you,

Daniel Rubin, MD

### **III. FINAL THOUGHTS**

1. Planning and preparation are essential to a good clerkship experience for both the student and the preceptor.
2. Get off to a good beginning. Nothing is more important than getting started on the right foot. Remember: "You never get a second chance to make a good first impression."
3. Students love frequent feedback, an opportunity to learn new knowledge from a "real world" physician, and plenty of hands-on clinical experience.
4. Documentation is critical. A good final impression may be life changing. Provide the student with a sit-down final interview and document your findings by mailing in the Preceptor Final Evaluation of Student form.
5. Remember, "To teach is to learn again." That's why physicians give of their time and serve as preceptors. Thank you!

### **IV. ACKNOWLEDGEMENTS**

Adapted from materials provided by the University of Nevada College of Medicine:

The Student Learning Plan, p. 14 and 15

We would particularly like to acknowledge the invaluable assistance of Jamie Anderson of the Nevada AHEC who helped us develop our course in many ways.