Community Preceptor Network

Macon Campus
1550 College Street
Macon, GA 31207
Phone: 478.301.2350
Fax: 478.301.2221/2806

Savannah Campus
1250 East 66th Street
Savannah, GA 31404
Phone: 912.712.8215
Fax: 912.350.1766

MEDICINE.MERCER.EDU/COMMUNITY-MACON
800.342.0841
Executive Summary

A recent study indicates that Mercer University School of Medicine is one of the most successful schools in the nation at producing physicians who practice in rural areas, shortage areas, primary care, family medicine, and low-income areas. Approximately 65% of Mercer Medical School graduates return to Georgia to practice. To support the educational endeavors of the school, the Mercer University School of Medicine Community Preceptor Network (CPN) serves 110 counties in Georgia, affording the student rich opportunities to develop skills related to community-responsive within rural and underserved populations.

Currently, the CPN has over 290 community-based clinical faculty members in internal medicine, general surgery, family practice, obstetrics/gynecology, and pediatrics. Mercer preceptors dedicate their time and energy to the development of Mercer University medical students, each providing well over 400 hours of focused medical and community-based training throughout the course of the student’s medical education. We’re quite proud of the fact that over 25% of our current preceptors are graduates of the Mercer University School of Medicine! Throughout the year, somewhere in the state of Georgia there is a Mercer medical student working in field with a member of the Community Preceptor Network!
Department of Community Medicine
Description of Curriculum

Consistent with the mission of educating physicians to practice in rural and underserved areas of Georgia, the Community Medicine Curriculum is designed to provide students with the skills necessary to practice community-responsive medicine. This is accomplished through learning opportunities delivered within both the formal, campus setting and community-based venues supported by an extensive network of physicians throughout the state.

Freshman Visit – Year 1

Campus Community Medicine I provides the student with a basic understanding of factors that influence the disease process in human populations, outlines the process of conducting a Community Needs Assessment, presents basic epidemiological concepts and tools, and addresses other topics such as Healthy People 2020, non-biological determinants of health, cultural competence, healthcare systems, notifiable diseases, and leadership. The course uses a population-based focus that integrates community health with the health of the individual. Two-Week Block in February.

Community As part of the two-week visit with a community-based preceptor, the student completes a community needs assessment implementing the skills and knowledge gained during Community Medicine I. In addition to assessing quantitative data, students interview key community representatives regarding their perceptions of the health within their community. In addition to providing clinical care under the supervision of the preceptor, the student also completes in-depth interviews with two families using tools such as the genogram, life stages and tasks, APGAR, and SCREEM. Two-week rotation following Community Medicine I in February/March. The visit requires seven (7) full-time clinical days with the remaining days dedicated to Community Medicine and Family Assessment projects. Two-Week Block in February/March.

Sophomore Visit – Year 1

Campus Community Medicine II provides instruction in clinical biostatistics, evidence-based medicine (EBM), and critical appraisal of the literature, as well as evidence-based practice guidelines, and health policy and law. Experiential sessions include journal club, use of on-line resources, and a clinical skills lesson related to patient counseling. Two-Week Block in October/November.

Community During the second year visit, the student conducts a Community-Based, Chronic Disease Management Project that incorporates care for the individual patient, assesses community resources and barriers to care, and stresses self-management of the disease. The student continues to follow the families assessed during Freshman Visit and provides increasing levels of clinical care to the preceptor’s patients. The visit requires sixteen (16) full-time clinical days with the remaining days dedicated to Community Medicine and Family Assessment projects. Four-Week Block in June/July.

Junior Year – Year 3

During the third year, students participate in Objective Structured Clinic Exams (OSCE) used as formative assessments at the mid-phase of the clerkship. The Community Medicine Program collaborated with the clerkships (Family Medicine, Internal Medicine, Pediatrics, Surgery, Psychiatry, and OB/GYN) to develop OSCEs that incorporate population health issues such as
EBM, disease notification, preventive health counseling, completion of death certificates, and immunization. Students do not complete community-based visits during their third year.

**Senior Visit – Year 4**

**Community**

During the fourth year, the student may select to complete either 1) the Practice Management Project designed to determine the feasibility of beginning or joining a medical practice in a selected community or 2) the Alternative Project, affording the student an opportunity to develop a population health project of their own design. Family assessments completed during the first and second year visits are updated and the student provides clinical care to the preceptor’s patients. The visit requires eighteen (18) full-time clinical days with the remaining days dedicated to Community Medicine and Family Assessment projects. Four-Week Block during the Senior Year.

The Community Medicine Program also offers a number of electives that can be scheduled with community-based preceptors or other public health representatives, offering opportunities for both independent study and research.

**Preceptorship**

The preceptor is a primary care physician in active practice who serves as an educator, community liaison, and role model for students of Mercer University School of Medicine (MUSM). The Community Medicine (CM) program utilizes preceptors to introduce medical students to patient care in rural and underserved areas of Georgia. Students are assigned via lottery to specific community preceptors during their freshman year. Barring any unforeseen issues that would require a change in placement, students follow their assigned preceptor during subsequent years in medical school. The following table illustrates the specifics of the student’s visit with his/her assigned preceptor.

<table>
<thead>
<tr>
<th>Year</th>
<th>Dates of Visit</th>
<th>Weeks within Placement</th>
<th>Required Full Clinical Days with Assigned Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>February-March</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Second Year</td>
<td>June-July</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Third Year</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Fourth Year</td>
<td>Dates Vary; October through February</td>
<td>4</td>
<td>18</td>
</tr>
</tbody>
</table>

During the freshman year, students establish contact with their preceptor, conduct a community needs assessment, launch a family assessment project, and practice their clinical skills. In the sophomore year, activities include a chronic disease management project, the continuation of the family assessment, and further development of clinical skills. During the senior year, the student continues to refine their clinical skills while either exploring the potential for establishing a practice in the local area or conducting an individually designed research / educational project. During each visit the preceptor assists the students with the integration of clinical skills, basic science knowledge, principles of community responsiveness, and family concepts, into the practice of medicine.
Roles of the Preceptor

Educator

The preceptor explains and demonstrates various medical techniques and procedures to the student, allowing the student to perform basic procedures as deemed appropriate. The preceptor also serves as a rich source of constructive feedback to the student regarding his/her performance.

Community Liaison

The preceptor serves as the interface between the student and the community, introducing the students to appropriate individuals and organizations.

Role Model

The preceptor exemplifies the practice of community responsiveness within a medical practice, through community-based professional activities and representation, an understanding of community need, and by social and personal interests with the student.

Preceptor Duties and Responsibilities

1. **Learning Agreement** - Before the student begins each Community Medicine Visit, the preceptor and student together complete the requisite Learning Agreement which entails the learning objectives which outline the specifics of what should be accomplished during the students visit with the preceptor. In addition to the required projects and goals, the student may add additional personal objectives as needed. The Learning Agreement should be completed and signed as early as possible during the visit.

2. **Skills** - The preceptor assists the student in perfecting level-appropriate clinical skills and abilities.

3. **Student Education** - The preceptor encourages the student to become a part of the community’s medical and civic life, briefs the student on any emerging or controversial issues that the student may encounter, and instructs the student in medically-based methods and procedures during the course of the visit.

4. **Preceptor Education** - The preceptor participates in faculty development programs and activities which foster the preceptor’s ability to teach students in a community practice setting.

5. **Housing Arrangements** - The preceptor assists the student in making housing arrangements whenever possible.

6. **Community Contacts** - The preceptor introduces the student to influential members within the community as well as various civic groups which may provide leadership within the community or region. Many of these contacts will be interviewed during the course of the student’s visit.

7. **Community Contacts** - The preceptor identifies two families from his/her patient base. These families will be studied and followed through the student’s first, second, and fourth year.

8. **Final Evaluation** – Preceptors are asked to complete an evaluation form for each student. The form serves as the final grade for this student and allows for commentary regarding the student’s performance. Evaluative comments are used when submitting residency letters. A member of the Community Medicine staff will email a class-specific survey link directly to you, or your office contact, so that you may complete the online student evaluation at the end of each rotation.
Criteria for Preceptor Credentialing

The following is a list of minimum requirements for Preceptor credentialing:

- Physicians applying to the Community Preceptor Network (CPN) must work within a rural or underserved area within the State of Georgia.
- Practices within a primary care medical field will be considered. These include internal medicine, surgery, family practice, obstetrics/gynecology, and pediatrics.
- Those interested in CPN must submit a complete application for Preceptorship.
- Proof of malpractice insurance (including policy number and expiration date) must be submitted with each application.
- Genuine desire and willingness to work one-on-one with medical students toward their training as community-responsive physicians.
- Three favorable letters of recommendation.
- Board certification is required for clinical appointments at the level of Assistant or Associate Professor with rank being commensurate with education and experience. Appointments at the level of Instructor may be considered for those currently working toward board certification.
- Evidence of good standing in the medical profession as indicated by a review of material provided by the Georgia Composite Medical Board.

Benefits of Becoming a Preceptor

Clinical Faculty Appointment, Mercer University School of Medicine

Credentialed preceptors receive a clinical faculty appointment, approved by the Dean, within the School of Medicine at Mercer University. This appointment accompanies a host of opportunities for clinical faculty, including access to faculty development opportunities and graduation privileges.

CME Credits

Category 2 Continuing Medical Education credits, provided by the American Medical Association for teaching medical students, are available to preceptors.

Access to Mercer Medical Libraries

Resources include a variety of online medical resources and databases accessible through the library website, http://med.mercer.edu/libraries, including thousands of medical journals. As MUSM volunteer faculty, preceptors receive free access to the resources via individualized logins and passwords. Access accounts are established by the library once preceptors receive a faculty appointment.

Macon Campus
Mercer Medical Library
Phone: 478.301.4056
Fax: 478.301.2051
reference.ill@gain.mercer.edu

Savannah Campus
MUMC Health Sciences Library
Phone: 912.350.8345
Fax: 912.350.8685
library@memorialhealth.com

Students are covered for their acts under the terms of Mercer’s professional liability insurance coverage, but this coverage does not extend to preceptors. As a condition of your participation, it is necessary that you maintain professional liability insurance coverage at limits acceptable to the School of Medicine (currently $1,000,000).
Frequently Asked Library Questions

How do I access MUSM Library resources?
As MUSM volunteer faculty, preceptors receive free access to MUSM Libraries’ resources via GaIN\(^2\) individualized login and password. GaIN passwords are assigned by the Libraries once preceptors receive a MUSM faculty appointment.

What resources are available through the MUSM libraries?

**Databases:** The libraries provide access to specialized electronic resources such as MD Consult, the Cochrane Library, DynaMed, Essential Evidence Plus, GALILEO, and many more.

**Journals:** The libraries make over 5,000 journals available electronically through the online A-to-Z e-Journal List.

**Textbooks:** Over 200 textbooks, in various specialties, are available through the library website.

**Circulation:** Preceptors are welcome to use the Macon or Savannah campus MUSM Library; books may be checked out from either location.

**Interlibrary Loan (ILL):** Preceptors may request journal articles not found in the library collection. See [http://med.mercer.edu/libraries/ill-macon.htm](http://med.mercer.edu/libraries/ill-macon.htm) (Macon) or [http://med.mercer.edu/libraries/ill-savannah.htm](http://med.mercer.edu/libraries/ill-savannah.htm) (Savannah) for more information. Fees for ILL ($3.00 per item) are charged to the appropriate department (with approval of the department) OR to the individual faculty member, depending on the policy of the department. Articles may be picked up at the library or emailed to you.

---

\(^2\) The Georgia Interactive Network (GaIN) for Medical Information is a non-profit electronic health care information network. Centered at the Mercer University School of Medicine (MUSM) Medical Library in Macon, Georgia, GaIN was established in 1983 with an NIH National Library of Medicine grant and offers a wide range of information services to member health care institutions.
Additional Resources Available through the MUSM Library Website

**MDConsult**
Access full-text articles from over 80 medical journals and Clinics, 50 leading medical textbooks across a wide range of specialties, clinically relevant drug information, and over 10,000 patient handouts.

**WILEY ONLINE LIBRARY**
Over 300 full text journals in medicine and nursing.

**Essential Evidence Plus**
Answer questions at the point of care with this up-to-date, evidence-based decision support tool. Features more than 700 topics covering the most common conditions, diseases, and procedures. Each topic concisely reviews and evaluates all of the relevant medical literature, while linking to other evidence-based medicine resources within Essential Evidence Plus. Also includes interactive decision support tools and thousands of diagnostic calculators.

**McGraw-Hill’s ACCESSMedicine**
Includes over 50 full-text textbooks in clinical and educational medicine, plus drug information, practice guidelines, quick access to diagnosis and treatment of 800 disorders, diagnostic tests, customizable patient education materials, and health news channels. Image, video, and audio content are available as well.

**The Cochrane Collaboration**
Answer clinical questions about the effectiveness of interventions for prevention, treatment and rehabilitation using the Cochrane Library’s 6,000+ full-text systematic reviews. Also includes assessments of diagnostic test accuracy in specific populations, plus records of half a million clinical trials.

**SpringerImages**
This continually updated collection – currently over 1.5 million images – gathers photos, graphs, histograms, figures, and tables that span the scientific, technical, and medical fields. Create personalized image “sets” and easily export images for presentations or lectures.

**GALILEO**
MUSM Libraries provide access to the academic version of GALILEO which includes over 100 databases indexing thousands of periodicals and scholarly journals. Contact the Libraries for the current password.