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## **PREFACE**

### **What is this handbook about?**

This handbook has been redesigned to help you to deliver the best experience you and your community can for NOSM Year 2 undergraduate students.

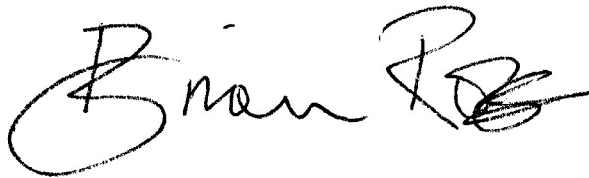
We know that the rural communities of the NOSM campus continue to struggle with issues of recruitment and sometimes also with issues of retention. We know too that the answer to those challenges lies in part in encouraging today's students to embrace the possibility of a future career in rural medicine.

The likelihood that a current student will choose a future in rural medicine is shaped not just by having a rural learning experience, but rather by having a HIGH QUALITY, positive rural learning experience.

This handbook, we hope, will help answer some of your questions, provide you with some resources, and guide you within the framework of the Phase 1 curriculum experience to support students in your community to have a high quality learning experience.

As a clinical preceptor, you are very much a part of the NOSM community of educators and our success in delivering on our social accountability mandate is very much supported by the good work you do.

We thank you for your time, for your skill, for your knowledge and for your service, not only to our learners, but to the communities of the North. Your work is the reason NOSM is here.

A handwritten signature in black ink that reads "Brian Ross". The signature is fluid and cursive, with the first name "Brian" written in a larger, more prominent script than the last name "Ross".

Dr. Brian Ross  
Phase 1 Coordinator

## Introduction

### Before reading any further...

Before reading any further, take a moment and remind yourself of why you teach.

- ~ Who were your role models?
- ~ Why did you choose the community you did in which to practice?
- ~ What are the skills and knowledge that you can share with year 2 undergraduate medical students?
- ~ What is the attitude that you might hope to influence in our learners through their experience with you?
- ~ Are you currently in a position to host a high quality learning experience?

The answer to this question might depend on what is going on in your professional environment and the adequacy of your local human resources, or it might depend on your personal circumstances. If you do not feel that this is a good time for you to be delivering a high quality experience, and if there are ways that NOSM might help, please let us know.

Are there others in your community – physician colleagues, NP's, PA's, nurses, counselors - who can support student learning and share the good work of teaching?

If you are reading on, it is likely because you feel that you can provide a good learning experience for NOSM students and you simply need the details.

The rest is the details....

## 1. What is an ICE placement?

The Integrated Community Experience (ICE) is designed to have students experience the fullness of rural practice and community life. Teaching during ICE placements of NOSM's undergraduate medical education program provides and facilitates rich and rewarding learning opportunities for medical students to reach beyond the classroom and clinical setting. In rural communities, as you know, students learn about the social determinants of health, interprofessional and collaborative practice, the ethno-cultural fabric of community and professional life, and the complexities of health care and its system.

There are two, 4 week, ICE placements that take place in Phase 1, Year 2, of the MD program, during Cased-Based Modules (CBM) 108 and 110. These modules, through which the ICE placements are delivered, are six weeks long. They are structured as follows:

<b>Week 1</b>	<b>Students are located on their home campus for the first week of the module.</b>
<b>Week 2 - 5</b>	<b>Students are assigned to live and learn in ICE communities for 4 weeks.</b>
<b>Week 6</b>	<b>Students return to their home campus for the final week of the module.</b>

## 2. What are the expectations of a clinical preceptor in CBM108 and CBM110?

### a. Orientation to the community and practice

You will receive an email from the students assigned to your community a few weeks prior to the start of their placement which includes some biographical information about them as well as some of their learning goals. You are encouraged to respond to their contact with information about where and when to meet for orientation to their clinical experience in your community.

Information that students find helpful is:

1. Who will be their primary preceptor and where and when will they meet them.
2. Any information about accommodations and day-to-day living such as where to buy groceries, whether there is a pharmacy and which banks are in the community.
3. Any information about the clinical placement about which they should be aware.
4. Information you may have gathered about potential or planned Community Learning Session (CLS) sites.

Some communities have put their orientation information online in order to simplify the process of orienting learners to the community and clinical experience. An example of web-based orientation material can be viewed on the Marathon Family Health Team website at: <http://mfht.org/page/locums-learners>

## **b. Clinical experiences content**

While in the community, students will be expected to participate in the variety of clinical settings in which physicians practice in the community.

**Students are expected to spend the equivalent of 20 hours with a clinician(s) each week.**

Note that although the student timetable schedules sessions from 9am-6pm, time spent with a clinician in the evening or on weekends is also included in the required 20 hours of clinical time.

This being said, students should be encouraged to participate in the clinical experiences that reflect the life of a rural primary care physician. As examples, they should be encouraged to participate in hospital-based rounds, undertake “shadowing” of the physician on-call in the evening, witness births or deaths in the community where family members allow it, and participate in house calls, satellite clinics, educational rounds, etc., where these are available. Their clinical experiences with clinicians may also be delivered by nurse practitioner faculty working in the clinical setting.

Note that if students are documenting patient histories and physical examination findings in the clinic or hospital charts, they should sign their name and write their level of training as the entry year of medical school. For example: Jane Doe, NOSM E2017. All student entries should be co-signed by the clinical facilitator the student is working with for that day.

To guide you and students through the learning and teaching activities related to the clinical experiences, a Workbook, that will be available on MyCurriculum, has been designed for both CBM108 and CBM110 that organizes each week’s activities around one of the four principles of family medicine. Students are expected to work with you using this Workbook to practice, think, discuss, and reflect during the rich clinical experience you are providing for them. Note that students are expected to ask you to assess, discuss, and sign each activity within the Workbook during their ICE placement.

Unlike undergraduate students on electives or rural clerkship rotations, the NOSM second year students are expected to place a priority on their scheduled academic curriculum sessions, such as Distributed Tutorial Sessions (DTS), Case-Based Learning (CBL) and Topic Oriented Session (TOS). To allow students to attend their academic sessions while allowing more flexibility for scheduling clinical time, the ICE schedule has been rearranged. The academic sessions have all been scheduled during the day on Monday and on Thursday evening. Also, the number of academic curriculum sessions student are expected to attend during ICE has been reduced with the elimination of Structured Clinical Skills (SCS) sessions from the four weeks of ICE placement.

It is of note that NOSM is working in partnership with Indigenous communities and with the Indigenous Reference Group of the School to improve, in time, the health of Indigenous people in Northern Ontario. The Francophone population also represents a special population in Northern Ontario. Wherever possible, students should be encouraged to work with Indigenous and Francophone people, learn to use interpreters, where necessary, and apply what they have learned regarding the issues of culture and linguistic barriers to the patient encounter.

### c. Community Learning Sessions (CLS)

Students will also be involved in Community Learning Sessions (CLS) during their ICE placements. CLS experiences are meant to broaden the students' understanding of the resources and services available in the community and to increase their awareness of how health and social services are delivered within Northern and rural communities. Students will gain an understanding of how interprofessional teams work together to optimize patient care.

Students are expected to spend approximately 3 hours per week in the CLS settings while on ICE placements. **As a community preceptor who knows your community best, it is expected that you will identify opportunities for learning in your community and help to connect students to those that are of learning interest to them.** Students are encouraged to find a different CLS experience for each week, as opposed to spending all sessions in the same organization, and to explore what is available in the community, as opposed to staying at the hospital for all sessions. CLS in ICE does not include additional time with physicians. Time with physicians during ICE will not be accepted as CLS time.

In cases where students are placed in Sudbury and Thunder Bay for ICE modules, the CLS Coordinator for each campus is also available to assist in identifying appropriate sites and can play a role in communicating with CLS facilitators in order to avoid overuse of popular sites. It is important that students planning to attend CLS experiences at Health Sciences North or the Thunder Bay Regional Health Sciences Centre contact the Hospital Coordinator prior to their visit.

In order to maximize learning opportunities during ICE, students should be encouraged to consider personal learning needs and to find experiences that may not be available in their home-base community.

Here are some examples of CLS options that may be available:

- Practices of other health care professionals, such as physiotherapists, occupational therapists, dietitians, diabetes educators, chiropractors, lab technicians, x-ray technicians, pharmacists, paramedics, and others. This could include interprofessional settings where several of these disciplines work together around a specific disease or condition (e.g. stroke network, diabetes, rehabilitation services, home care).
- Community and social service settings, such as shelters, mental health agencies, health care support services, addictions services, traditional healers, public health activities, long-term care facilities, and correctional institutions.
- Local industrial sites, such as gold mines and paper mills, to expand on occupational health and safety knowledge.

The ICE Workbook contains a CLS worksheet students are expected to complete during each week of their placement and share with you as part of their formative assessment of this activity. Students are also responsible for completing and submitting their own CLS Attendance Log, however it is important to encourage students to complete this task.

The contact person if you have any questions about ICE Community Learning Sessions is UME Manager, Curriculum & Planning, Jeff Bachiu ([jbachiu@nosm.ca](mailto:jbachiu@nosm.ca)).

#### d. Scheduling the week:

In the student schedule, two general time blocks exist.

1. **Fixed** academic sessions:

These require students to participate at the scheduled time and include: Module Coordination Sessions (MCS), Case-Based Learning Sessions (CBL), Topic Oriented Sessions (TOS) and Distributed Tutorial Sessions (DTS).

2. **Flexible** sessions and time:

Flexible time, labeled as 'Community Scheduled Session' on the student timetable, is meant to allow students to participate fully in both clinical and community experiences. Flexible time is scheduled based on clinical and community opportunities, and is directed by you in consultation with the student.

During flexible time students will:

1. participate in **clinical experiences** for a total of **20 hours per week**
2. complete 3 hour **CLS experience** per week
3. complete required self-study **LAB session** as indicated on the timetable

*\*Clinical experiences and CLS should be scheduled first according to the availability of health care providers involved. The lab session is an unscheduled session that learners complete on their own time.*

The following page is an example of what the flexible time on the student schedule may look like:

Yellow	Community Scheduled Session (time designated for clinical and community activities)
Light Green	Clinical time scheduled by the preceptor
Dark Green	CLS time schedule with the assistance of the preceptor
Light Blue	Independent Study



## Example of a Student's Schedule during an ICE Placement

Week 8: October 30 – November 3, 2017 (IN ICE COMMUNITIES – all times EST) (CBM 108)					
Community Scheduled Session time: 3h out of the regular 9-6 day should be allotted to completing the self-study Pathology lab Communities will schedule at least 20h in clinical experiences that each student is expected to complete and 3h in CLS that each student is expected to complete					
	Monday October 30	Tuesday October 31	Wednesday November 1	Thursday November 2	Friday November 3
9-9:30		Community Scheduled Session	Community Scheduled Session	Community Scheduled Session	Community Scheduled Session
9:30-10	MCS	Clinic with physician – 3 hours	Clinic with physician – 3 hours	Clinic with physician – 3 hours	Clinic with physician – 3 hours
10-12	CBL Overweight and Obesity				
12-1	Lunch	Lunch	Lunch	Lunch	Lunch
1-2:30	DTS Physiological Processes and Regulation	Community Scheduled Session  Clinic with physician – 4 hours	Community Scheduled Session  CLS in community site – 3 hours	Community Scheduled Session  Clinic with physician – 4 hours	Community Scheduled Session  Independent Study (for LAB) – 3 hours
3-5	TOS Nettie Puumala				
5-6				TOS Nettie Puumala	
6-7					

The Timetable for all of Phase 1, including CBM 108 and 110, can also be found on the Phase 1 Information page on MyCurriculum at (you will need your NOSM username and password): <http://learn.nosm.ca/moodle/course/view.php?id=552>

Please note that curriculum is officially released to faculty 4 weeks before the Module start date, therefore depending on when you are attempting to access the module, it may not yet be available. If you have any issues or questions regarding the online curriculum, please contact a curriculum instructional designer at [instructionaldesign@nosm.ca](mailto:instructionaldesign@nosm.ca).

### e. Scheduling and work with clinical preceptors

The Undergraduate Medical Education Office recognizes that practice patterns vary amongst clinicians in many communities and that the scheduling of the mandatory curriculum sessions may overlap with any one preceptor's clinical schedule.

**Clinician preceptors are encouraged to partner in ways that will allow the students in their practice to meet their 20 hours of clinical experience. Where partnerships are formed to maximize clinical experience, it is expected that all participating clinicians would be part of the assessment of the individual student for whom the physician has had some teaching responsibility.**

## f. Student Overall Workload

Students have a significant academic curriculum load that is very different from a clerk or a resident. **Faculty should be mindful of the student's need to prepare for and attend their scheduled academic sessions.**

It is also important to recognize that while students are strongly encouraged to immerse themselves in the community and be present in the community on weekends, this is not possible for all students. However, any students who accept offers from their preceptor (or designate) to attend experiences occurring after 6pm on Friday to or before 9am on the following Monday are required to attend the accepted offer (as per the UME Policy and Procedure: Phase 1 – Interruptions to Student Attendance and Leaves of Absence).

Students are not expected to commit to the same workload as their preceptors. NOSM is encouraging students to develop their skills in the physician competency of “professional” which **includes skills in setting limits, and maintaining one's own health and work life balance.** It is hoped that as clinical faculty you will help them recognize and build skills in this competency domain.

The following are useful resources related to physician and medical student work life

balance: [ephysicianhealth.com](http://ephysicianhealth.com)

[Physician Health Program \(OMA\)](#)

## g. What level of supervision am I expected to provide to the students?

Please review the NOSM's Statement on Clinical Supervision by Regulated by Allied Health Professionals at

<http://learn.nosm.ca/moodle/pluginfile.php/33682/course/section/6433/NOSM%20Statement%20on%20Clinical%20Supervision%20by%20Regulated%20Health%20Professionals.pdf>

Also keep in mind that the level of supervision may change depending on a number of factors including:

- Difficulty of task
- Past experience of the student
- Consent of the patient
- Comfort level of the student, patient and preceptor

For example, the student may be able to interview a patient without being directly observed by the preceptor, as long as the student and preceptor both feel comfortable, and the patient gives consent. The student would then report their findings to the preceptor. **The student's involvement does not replace the usual communication between the patient and the health care provider.**

The supervision level may change if the student's task involves something that the student has neither observed nor done before, for example, giving an inter-muscular injection. The clinical preceptor may wish to simply observe the student who has prior experience. For the less experienced student it is appropriate to have the student observe the injection being

given first. At the next opportunity, the preceptor and student could give the injection together. Of course, in all situations, the patient would need to give their consent.

The Canadian Medical Protective Association (CMPA) offers free asynchronous eLearning Modules (self-directed) professional development opportunities on a number of topics. One that may be of interest to you is on **Delegation and Supervision**. It can be accessed at [https://www.cmpa-acpm.ca/websurvey/userprofile.html?profileType=ela&lang=en&elaRedirect=DelegationAndSupervision/delegation\\_en/RunCourse.htm&referredBy=website](https://www.cmpa-acpm.ca/websurvey/userprofile.html?profileType=ela&lang=en&elaRedirect=DelegationAndSupervision/delegation_en/RunCourse.htm&referredBy=website)

The CPSO also has resources for supervision of medical students: [Professional Responsibilities in Undergraduate Medical Education](#)

## **h. What to do if the student is injured or exposed to potentially harmful fluids**

Supervising a NOSM student means you are responsible for the student while they are under your care. If a student is injured or is exposed to potentially harmful fluids, you are required to assist the student in getting the appropriate medical attention. Please refer to the Phase 1 Information page on MyCurriculum (<http://learn.nosm.ca/moodle/course/view.php?id=552#section-0>) to find the accident report forms, WSIB forms and Needle stick/Body Fluid Splash forms.

You should also know a little bit more about WSIB coverage for students, the School's Liability Insurance for students, and training students have received with regards to safety.

### **Workplace Safety and Insurance Board (WSIB) Coverage for Students**

All students participating in unpaid education related placements, such as the Integrated Community Experience, are insured with WSIB like coverage through the Ministry of Training Colleges and Universities (MTCU) by way of the Work/Education Placement Agreement/Post-Secondary Program. The process is administered through NOSM, where each student is registered. Also, each agency has been asked to complete the Letter to Placement Employers – Process for Workplace Insurance Coverage for Postsecondary Students on Unpaid Placements Form. This form is a blanket form (can we have a link to this form?) and will cover the placement employer for all authorized NOSM student placements. Please ensure you send your completed forms to [records@nosm.ca](mailto:records@nosm.ca). If you have not completed a form, please contact the UME Coordinator at [umecoordinator@nosm.ca](mailto:umecoordinator@nosm.ca).

### **Insurance/Liability Coverage for Students**

NOSM students are covered under the NOSM insurance policy which allows for \$5,000,000 per occurrence. This policy is in keeping with all other medical schools in Ontario.

### **Safety Issues**

During their orientation to the MD Program, NOSM provides each student with a copy of the [NOSM Laboratory and Clinical Safety Manual](#). This document provides the students with the guidelines and policies to follow with respect to chemical, electrical and fire safety. In addition the students are introduced to Standard Precaution concepts that include, the infection cycle, breaking the infection cycle, hand washing technique, gloving technique and needle capping technique.

## **i. Assessment of Student Performance**

### **Assessment of Clinical Experiences**

The student's preceptor, in consultation with other physician preceptors, will be required to provide NOSM with feedback on student performance. The assessment form that will be sent to you contains three sections: one to assess the student on each of the activities in the Student Workbook (Activity was not completed, Unsatisfactory, or Satisfactory), one to assess global clinical performance and one to assess critical performance element regarding professionalism.

Ideally, students should receive some brief feedback each day that focuses on something that they have done well and something that they may want to learn about or work on during the rest of their placement. In addition, as of Academic Year 2017-2018, some of the students' clinical experiences will be guided by the CBM108 and CBM110 ICE Workbooks. The intention is that preceptors are aware of, and provide feedback on the activities that are linked to the learning objectives for each week of the placement. The activities themselves are mandatory, but formative in nature, meaning that if they are not completed at a satisfactory level, students will be required to undergo remediation. We recommend that you review the Workbook to be better prepared to provide the appropriate feedback to each activity.

The feedback should be given in a face-to-face discussion with students to be most meaningful, but formal assessment must be documented on the Assessment of Student Performance in the Integrated Community Experience (ICE) forms. You can expect to receive an automated email from one45 with a link to your assessment forms early in the Module. This allows time for you to review the assessments and ensure that you have received the forms for each of your assigned students. You may also login to one45 directly using your NOSM credentials at [nosm.one45.com](https://nosm.one45.com) to access your assessment forms.

If you receive a form for a student whose placement you are not facilitating, have questions, or require any assistance with your one45 account, please email [one45@nosm.ca](mailto:one45@nosm.ca)

### **3. What should students be doing when not gaining clinical experience?**

Students are expected to be coming to a more fulsome understanding of life in small Northern or rural communities. However, they will spend some of their non-clinical time studying, and some in their core academic sessions and beyond that, they should participate in community events, be encouraged to enjoy local recreation activities and be present in the community.

While many students will have grown up in such communities they will not know what it is like to live as a physician in a small town. The ICE placement allows them to apply some of the concepts of professional behaviour expected of physicians outside of the clinic, which they were exposed to during their classroom-based training.

It is important that faculty members model and stress the importance of establishing a good work-life balance. In particular, faculty should discourage students from exceeding the required times spent in clinic and CLS, and from spending all their off-hours studying. It may be useful to regularly record and review time spent in each type of activity with student.

It will be helpful to identify opportunities for students to participate in community life. Perhaps someone on your staff can be asked to ensure that students are directed to local activities that they enjoy (library, community sports, curling, etc.) and to special events and community celebrations. This can be done at the time of orientation and periodically during their time in the community. It will be useful during at least some of these events that a clinical faculty member be present to model professional behaviour and act as a mentor.

And finally, students are expected to consider this an “immersion” experience and are strongly encouraged to remain in the community on the weekends. They may leave if they wish but are required to inform their preceptors if they are not going to be present. In addition, if a student has committed to being present for an activity during the weekend, they are expected to attend to that commitment. It may be useful to emphasize the importance of being present on weekends both to engage in unscheduled clinical work and to fully take part in community life to maximize their placement experience.

**4. What procedures should students be able to perform when we receive them? (I think this section is better grouped with 2.g. What level of supervision am I to provide to students?)**

The following table displays the formal curriculum sessions in which students have acquired clinical skills as of CBM 107. For the Structured Clinical Skills (SCS) sessions, students (typically) complete the session with a standardized patient, whereas in the Lab sessions, students complete the clinical procedure on basic simulators.

<b>Module</b>	<b>Session Type</b>	<b>Title of Session</b>
<b>101</b>	<b>SCS</b>	<b><i>Introduction to the Patient-Centred Medical Interview</i></b>
<b>102</b>		<b><i>Introduction to the Physical Examination</i></b>
		<b><i>Interview of the Gastrointestinal System</i></b>
		<b><i>Physical Examination of the Gastrointestinal System</i></b>
		<b><i>Focused History and Physical Examination of the Gastrointestinal System</i></b>
	<b>LAB</b>	<b><i>Injections</i></b>
<b>103</b>	<b>SCS</b>	<b><i>Interview of the Respiratory System</i></b>
		<b><i>Physical Examination of the Respiratory System</i></b>
		<b><i>Review of the Interview and Physical Examination of the Respiratory System</i></b>
		<b><i>Interview of the Cardiovascular System</i></b>
		<b><i>Physical Examination of the Cardiovascular System</i></b>
		<b><i>Review of the Focused History and Physical Examination of the Cardiovascular System</i></b>

		<b><i>History and Physical Examination of the Patient Presenting with Undifferentiated Chest Symptoms</i></b>
	<b>LAB</b>	<b><i>Heart Sounds</i></b>
		<b><i>Spirometry</i></b>
<b>104</b>	<b>SCS</b>	<b><i>The Neurological Interview</i></b>
		<b><i>Physical Exam – Peripheral Nervous System</i></b>
		<b><i>Physical Exam – Cranial Nerves and Central Nervous System</i></b>
		<b><i>History and Physical Examination of the Neurological System</i></b>
	<b>LAB</b>	<b><i>Peripheral Venous Access (IV and Venipuncture)</i></b>
<b>105</b>	<b>SCS</b>	<b><i>The Musculoskeletal Interview</i></b>
		<b><i>Physical Examination of Axial Skeleton</i></b>
		<b><i>Physical Examination of the Upper Extremity</i></b>
		<b><i>Physical Examination of Lower Extremity</i></b>
		<b><i>The Geriatric Interview</i></b>
	<b>LAB</b>	<b><i>Acute Injury: Introduction to Casting and Splinting</i></b>
<b>106</b>	<b>SCS</b>	<b><i>Cultural Considerations in Patient Communication</i></b>
<b>107</b>	<b>SCS</b>	<b><i>Female Breast Examination</i></b>
		<b><i>Female Pelvic Examination</i></b>
		<b><i>Female Reproductive History</i></b>
		<b><i>Female Antenatal History/Documentation</i></b>
		<b><i>Male Reproductive History</i></b>
		<b><i>Male Pelvic and Rectal Examination</i></b>
	<b>LAB</b>	<b><i>Male and Female Catheterization</i></b>

By the time students have entered CBM110, they will also have completed the following:

<b>Module</b>	<b>Session Type</b>	<b>Title of Session</b>
<b>108</b>	<b>SCS</b>	<b><i>Interview and Physical Examination of the Urologic System</i></b>
		<b><i>History and Physical Examination of the Head and Neck</i></b>
		<b><i>Examination of the Eye</i></b>

109		<b><i>Pediatric Interview</i></b>
		<b><i>The Adolescent Interview</i></b>
		<b><i>History and Physical Examination – Infant</i></b>
		<b><i>Pediatric Examination - Patient and Parent</i></b>
	<b>LAB</b>	<b><i>Nasogastric Tube Insertion and Placement</i></b>
		<b><i>Arterial Blood Gases</i></b>

**5. Whom do the students or preceptors contact if they have questions relating to the curriculum, assessment or hours?**

In these situations, the students and/or preceptors are asked to contact the Module Coordinator. If the Module Coordinator is not available, they are asked to contact the Associate Dean, UME. For general logistical questions the UME Administrative Manager, Curriculum & Planning can be contacted. Their contact information is as follows:

<b>Name</b>	<b>Title</b>	<b>Phone Number</b>	<b>E-mail address</b>
<b>For Module 108:</b> Dr. T.C. Tai and Dr. Alex Moise	Module 108 Coordinators	705-662-7239 705-662-7253	<a href="mailto:ttai@nosm.ca">ttai@nosm.ca</a> <a href="mailto:amoise@nosm.ca">amoise@nosm.ca</a>
<b>For Module 110:</b> Dr. Simon Lees	Module 110 Coordinator	807-766-7435	<a href="mailto:slees@nosm.ca">slees@nosm.ca</a>
Jeff Bachiu	UME Administrative Manager, Curriculum & Planning	705-662-7114	<a href="mailto:jbachiu@nosm.ca">jbachiu@nosm.ca</a>
Dr. David Musson	Associate Dean, UME	807-766-7427	<a href="mailto:dmusson@nosm.ca">dmusson@nosm.ca</a>

**6. What kind of preceptor evaluation can I expect?**

Students will complete an evaluation of their experience through [one45](#). Students can complete an evaluation on as many preceptors as they worked with during their placement in your community. Please encourage them to complete one on each preceptor that they worked with.

You will not be sent an individual evaluation form from this teaching experience, but rather, once several evaluations from students have been compiled, an email with anonymized feedback will be sent to you.

## **7. How do I provide my feedback to NOSM about the experience of teaching and clinical preceptorship during this module?**

The Office of Program Evaluation delivers the Physician feedback surveys during the final week of the module. You will receive an email from one45 with a one-time use link to your one45 Inbox, which will contain the survey. Your feedback is welcomed and will be used to improve the experience for both teaching faculty and learners.

## **8. Summary Checklist for Preceptors**

### **Prior to placement:**

- Months prior: Determine your readiness to receive 108 and 110 students
- 4 weeks prior to placement: Receive package from NOSM for placement
- Review the Student Workbook for your module (108 or 110)
- Schedule clinical sessions with available preceptors, and CLS sessions -
- 2 weeks prior to placement: expect email from students assigned to the community
- Ensure that privileges are arranged through hospital (Learner records will have sent the documentation to your hospital in advance).
- Respond to students with orientation and preparation information for your community and practice

### **During placement:**

- Day prior: ensure that arrangements are made for student arrival and orientation
- Day one of placement: review schedule with students and ensure that CLS sessions are scheduled
- Orient students to clinic, hospital and EMR
- Ensure that all clinical scheduled sessions (total of 20 hours per week) are clear to the students
- Complete and sign with the student the learning agreement in the Workbook
- Remind students to complete and submit their CLS form
- At the end of placement complete an assessment form for each student placed in your community

### **Following placement**

- Complete the Physician Feedback survey (program evaluation form) in one45