

ARKANSAS COLLEGE OF OSTEOPATHIC MEDICINE

(ARCOM)

PRECEPTOR MANUAL

ACADEMIC YEAR: 2026-2027



Message from the Dean

On behalf of the Arkansas College of Osteopathic Medicine, I extend my sincere gratitude for your commitment to educating and mentoring the next generation of osteopathic physicians. Your willingness to share your knowledge, clinical expertise, and professional experience is essential to the success of our students and the continued advancement of our mission.

As a clinical preceptor, you are more than an educator—you are a role model who exemplifies the principles of osteopathic medicine and the highest standards of patient-centered care. Through your guidance, students develop clinical knowledge, professional judgment, and compassionate approach that will define them as future physicians.

Your dedication to excellence in clinical education strengthens our program, enriches the learning experience of our students, and positively impacts the communities they will one day serve. We are deeply grateful for your partnership and your invaluable contributions to the Arkansas College of Osteopathic Medicine.

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OUR MISSION

To educate and train compassionate osteopathic physicians, skilled in the science of patient-centered osteopathic medical care, dedicated to the ethical and social principles of the osteopathic profession, committed to lifelong learning, and focused on service to the underserved. This mission will be accomplished at the undergraduate and graduate medical education levels through excellence in teaching, research, service, and scholarly activity.

OVERVIEW OF THE PRECEPTOR PROGRAM

The ARCOM Preceptor Program is designed to foster a collaborative learning environment where students can develop clinical competencies and professionalism. Preceptors are engaged in training students during their clinical rotations in diverse healthcare settings. This manual outlines expectations, policies, and resources to support your role as a preceptor.

Preceptor Definition

Adjunct Clinical Professors (Preceptors) are fully qualified and credentialed professionals who have a faculty appointment through ARCOM and provide clinical instruction and physicians supervision to ARCOM students within an affiliated hospital or another medical facility during the third- and fourth-year clerkships. As a preceptor, your role is one of not only being a teacher, but also an observer, mentor, and evaluator.

Additional Precepting Considerations

- The preceptor is asked only to guide or facilitate student education. You can provide a lecture if you want, or you can simply direct them to read on a specific topic.
- For core clerkships, ARCOM will provide learning objectives, syllabi, modules, formal didactics, and reading assignments.
- Students learn by observation, reading, studying, participation, and discussion.
- Student education is not dependent on volume, but on depth of learning, as well as development of understanding and application of clinical knowledge.
- Patient satisfaction increases with student presence due to added time with and attention to patients.

Faculty Appointment Process

ARCOM is committed to recognizing and rewarding preceptors with an appropriate and meaningful community faculty rank. In accordance with the college's mission, guidelines have been specifically developed to provide preceptors with a method of obtaining an appointment as Adjunct Clinical Professor. It is our obligation not only to document the qualifications and skills of our preceptors, but also to provide the educational support and development essential to the delivery of a quality curriculum.

Preceptors who demonstrate an interest in training ARCOM students are reviewed for eligibility and granted an appointment. This process includes the submission of an application and the provision of supporting documentation.

Once a completed application and required documentation are received, the applicant's information undergoes a thorough review process prior to approval and credentialing. Preceptors will receive the following benefits after they have received their ARCOM appointment letter (please note that reactivation might also be necessary to access resources):

- Access to the ARCOM library
- Subscription to UpToDate
- Cloud CME Portal Access
- Formal letter and certificate of appointment
- CME credits for teaching medical students, for attending CME accredited faculty development sessions, and CME credits for presenting at Grand Rounds or preceptor development sessions.

Preceptors will be recredentialed every two (2) years. If you would like more information about becoming a preceptor, please contact the Office of Clinical Rotations by email at clinical.rotations@achehealth.edu.

Preceptor Responsibilities

- Maintain an active medical license and malpractice insurance. Faculty teaching core rotations must hold (or have previously held) board certification, or be board eligible, in the listed specialty.
- Utilize the ARCOM course syllabi as a training guide.
- Discuss preceptor expectations on the first day of each clerkship rotation.

Physician Recusal Guidelines

ARCOM is committed to ensuring that a health professional providing health services to an ARCOM student will recuse themself from the academic assessment or promotion of the student. If you have been assigned to a supervising physician with whom you have a therapeutic relationship, students must notify the Office of Clinical Medicine immediately as they may need to be reassigned.

Any preceptor who establishes a provider-patient relationship with a student must notify the office of Clinical Rotations immediately to recuse themselves from evaluating the student. The preceptor should email clinical.rotations@achehealth.edu with their name and the name of the student. The rotations team will notify the Associate Dean of Clinical Medicine, who will ensure the situation and the students' needs are appropriately addressed.

Students and teachers should recognize the special nature of the teacher-learner relationship which is in part defined by professional role modeling, mentorship, and supervision.

Because of the special nature of this relationship, students and teachers should strive to develop their relationship to one characterized by mutual trust, acceptance and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries.

Supervision of Students

It is of utmost importance that preceptors acknowledge that the student must be supervised as ARCOM students are *unlicensed*. Patient safety and quality of care are the primary priorities. Supervising physicians are to be engaged and retain responsibility for all aspects of patient care. The supervising physician or health care provider should have privileges to perform the duties or tasks that are to be performed by the student.

A preceptor's introduction should include:

- To whom the student directly reports.
- Detailed student expectations per the preceptor (e.g., time commitment and service duties).
- A discussion of policies and expectations.

CLINICAL CURRICULUM OVERVIEW

Year 3 and 4 Curricular Requirements

Year 3 consists of 48 weeks of core, elective, and selective rotations and year 4 consists of 40 weeks of clinical and non-clinical elective and required rotations for a total of 88 weeks of required clinical coursework. Students complete Osteopathic Manipulative Medicine (OMM) longitudinal courses and various didactic activities and clinical skills as requirements for graduation.

Assigned Clinical Clerkships

Student clinical clerkships (also referred to as rotations or clinical experiences) are prearranged by the Office of Clinical Rotations. All assigned clerkships must be completed at the assigned site and with the assigned preceptor. Any alterations to this schedule must be approved through the Office of Clinical Rotations. Changes to assigned clerkships are not permitted unless necessary. ARCOM reserves the right to make preceptor and/or site changes when necessary.

A clerkship consists of four weeks of clinical responsibilities and may involve inpatient, outpatient, or a combination of both clinical settings. Teaching physicians who supervise students during these experiences are referred to as preceptors. At the conclusion of each clerkship, the preceptor is required to complete an evaluation of the student. Students are also required to complete evaluations of both the preceptor and the clerkship site.

Third-Year Core Rotations

- Family Medicine
- Internal Medicine I
- Internal Medicine II
- General Surgery
- Pediatric Medicine

Third-Year Required Rotations

- Obstetrics and Gynecology
- Psychiatry
- Advanced Osteopathic Principles and Practices

Third-Year Selective Rotations

- Surgery Selective
- Other Selective
- Rural Primary Care

Fourth-Year Selective/Elective Rotations

- Emergency Medicine
- Electives I-IX

The ARCOM's service areas for clinical education shall occur through a model of regional sites.

Syllabi

To ensure consistency among rotations, standardized course syllabi have been developed by ARCOM for rotations. The ARCOM standardized syllabi are designed for the purpose of ensuring that students understand expectations and work to achieve competency in the diagnosis and management of common conditions and are approved by the ARCOM Curriculum Committee. In so doing, students will gain an appreciation for appropriate utilization of a variety of treatment modalities.

Preceptor Evaluation of the Student Doctor

The purpose of the evaluation of the student is to provide feedback to guide both clinical and professional development.

Preceptors complete the Preceptor Evaluation of the student at the end of every rotation. ARCOM asks preceptors to complete the evaluation within two weeks of the rotation end date and maintain confidentiality in compliance with the *Family Educational Rights and Privacy Act* (*FERPA*). Evaluations received outside of this timeline may impact the student's grade. It could result in the student only receiving an academic pass instead of High Pass or Honors.

Preceptors are to complete evaluations online in Exxat via the link provided by email. If you have any difficulty accessing the evaluation portal, contact clinical.rotations@achehealth.edu. In addition, should a student have trouble or difficulty in a rotation, ongoing feedback allows the student to proactively address any problems.

Preceptor approaches vary widely in providing students with feedback on performance. Preceptors might or might not review their evaluation with the student; it is appropriate for the student to request such a review prior to completion of the rotation.

If the preceptor is not available to review the evaluation with the student and the student has questions or concerns, the student should contact ARCOM Clinical Rotations to discuss the most constructive way to obtain the desired feedback.

Providing Effective Feedback

Providing feedback is different from completing an evaluation. If done well, feedback is non-judgmental and is meant to provide a reference to the student so that they may better understand their level of performance to make improvements. There are three levels of feedback:

1. Observations of the student, or what you saw the student doing.
2. Your reaction to what you observed.
3. Your thoughts regarding the appropriateness or helpfulness of the observed behavior.

Effective feedback, both positive and negative, incorporates the following:

- Provides descriptive rather than evaluative information.
- Focuses on specific rather than general behavior.
- Addresses the expectations of the student and the preceptor.
- Directly relates to behavior the student controls.
- Occurs as soon as possible.
- Balances good and bad qualities of behavior.
- Limits the amount of information to what the student can use.
- Checks for understanding.

Letter of Recommendation

Preceptors play a crucial role by providing Letters of Recommendation (LOR) in support of a student's application for residency. Recommendations for LOR preparation include:

- Request a copy of the student's Curriculum Vitae (CV) for reference.
- Compose the letter on professional or office letterhead.
- Review the letter for accuracy and grammatical errors.
- Include the student doctor's name, your name, credentials, title, and signature on the letter.
- All LORs should be uploaded directly into residency application portals (e.g. ERAS, Residency CAS, etc.). Students should provide an upload link upon request.

Faculty Development

ARCOM encourages preceptors to actively engage in ongoing faculty development to enhance and sustain their academic proficiency, leadership abilities, and professional advancement. At ARCOM, clinicians, educators, and researchers are increasingly expected to meet elevated educational assessment standards.

Preceptor Continuing Medical Education (CME)

ARCOM recognizes preceptors commit considerable time and energy to the education of our students. Preceptor CME credits can be self-reported using CloudCME at https://ache.cloud-cme.com. If you would like more information about Preceptor CME or need verification, please contact the ACHE Office of Continuing Education at: continuingeducation@achehealth.edu.

ARCOM is accredited by the American Osteopathic Association (AOA) to provide CME for physicians. In addition, ACHE is accredited by the Accreditation Council on Continuing Medical Education (ACCME) to provide CME for physicians.

- Continuing Medical Education (CME) credits for:
    - Precepting
    - Formal Medical Education Lectures
    - Presenting original lectures for CME
    - Online enduring materials on CloudCME
    - Workshops on clinical teaching and evaluation methods.

Ethics and Acceptable Conduct

ARCOM is committed to a culture of uncompromising integrity and thus places a high priority on ethical behavior. Preceptors shall act in a manner that inspires public trust in their integrity, impartiality, and devotion to the best interests of the college. ARCOM expects all preceptors, as a condition of engagement, to conduct themselves in accordance with all federal, state, and local laws as well as ARCOM policies and procedures.

In general, the use of good judgment, based on high ethical principles, will be the guide with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, it is the responsibility of the preceptor to ask for clarification. Administration, faculty, staff, and students within the ARCOM adhere to the American Osteopathic Association – Code of Ethics.

Title IX Compliance and Policies

ARCOM is committed to an educational and work environment that provides equal opportunity and access to all qualified persons. ARCOM, in accordance with applicable federal and state law (including Title VII and Title IX) and institutional policies, prohibits discrimination or harassment on the basis of race, creed, ancestry, marital status, citizenship, color, national origin, sex, religion,

age, disability, veteran's status, sexual orientation, gender identity, or gender expression in employment, educational programs, activities, and admissions.

Contact Information

Title IX Coordinator
Email: laurel.mcintosh@achehealth.edu
Phone: (479) 308-2200

Family Education Rights and Privacy Act (FERPA)

The *Family Educational Rights and Privacy Act of 1974*, as amended (FERPA), is a federal law which provides that colleges and universities will maintain the confidentiality of student education records. This law also affords students certain rights with respect to their education records directly related to the student and maintained by ARCOM or any party acting on its behalf, including adjunct faculty and preceptors.

Incident Reporting

All incidents involving student behavior, safety, or professionalism should be reported immediately to the ARCOM Clinical Rotations team at clinical.rotations@achehealth.edu or by calling the main campus at (479)-308-2243 and request to speak to the ARCOM Clinical Rotations Director of Clinical Rotations and Partnerships, or Associate Dean of Clinical Medicine.

GOALS FOR CLINICAL TEACHING

The preceptor should:

- Provide the student orientation at the beginning of the rotation.
- Establish teaching goals with the student to achieve learning objectives.
- Create a challenging but supportive learning environment that supports inquiry.
- Involve the student in the daily educational activities of the facility.
- Plan learning experiences and daily educational activities for the student.
- Set a regular meeting time for clinical discussions with the student.
- Promote active learning by students (as opposed to shadowing).
- Capitalize on preceptor role modeling (e.g., modeling professionalism).
- Be available to the students.
- Evaluate students' interactions and skills and encourage them to ask questions.
- Provide regular feedback throughout the clerkship.
- Consult with ARCOM faculty or clinical education staff whenever necessary.

Educational Plan

The implementation of an educational plan includes:

- Reviewing the student's experience.
- Discussing patient encounters, soap notes, diagnosis, and plans of treatment.
- Exploring feelings regarding the experience.
- Identifying and assuring the meeting of learning objectives.

Preceptor Expertise

- Create a learning environment in your practice in which students are challenged and provide the psychological support necessary for making decisions and learning.
- Assign students a well-defined role and engage them actively in the work of the practice to include early patient contact and increasing levels of responsibility.
- Help students perceive multiple elements of complex tasks to understand and perform them.
- Prescribe daily educational activities (reading, research, case studies and presentations) to help the student realize the overall goals of the rotation.

PRECEPTOR ROLE MODELING

Students

- Learn by picking up your subtle cues and by participating in a peer network.
- Emulate your knowledge, attitudes, and skills.
- Will see your behavior as normative.

Depending on what you model, students might learn the formal medical curriculum (desirable), which includes up-to-date intellectual and technical skills; concern for patients; excellent communication skills; and enthusiasm about practicing medicine. The hidden curriculum (less desirable) includes negative attitudes toward patients, staff and/or colleagues; shortcuts and survival strategies; and cynicism.

Teaching Goals and Expectations

- Establish overall learning goals and expectations for the rotation during the initial orientation discussion.
- Have regular communication with the student at the beginning and/or end of each day to provide them with constructive feedback, instructions, tools and resources to improve knowledge base.
- Discuss overall progress with the student by providing ongoing feedback and at the end of each rotation. (see "Evaluations"). It is very beneficial to discuss the completed evaluation with the student.

One-Minute Preceptor Teaching Skills

Get a commitment by asking the student questions like:

- “What do you think is going on with the patient?"
- “What other information is needed?
- “Why do you think the patient has not followed the plan of care?”

Such an approach is collegial; it engages the student in solving the patient's problem and tends not to cut off communication, which often happens if a preceptor adopts an expert role.

Probe for supporting evidence by asking questions like:

- “Why do you think this is occurring?”
- “What were the major findings that led to your conclusion?”
- “What else did you consider?”

This approach allows you to find out what the student knows and where there may be gaps. In using this approach, it is important to avoid grilling the student or conducting an oral examination.

Avoid citing rare conditions or outliers. Instead teach general rules by making comments such as “patients with cystitis usually experience pain and urgency with urination, and increased frequency, and may see blood in their urine.”

Tell the student what he/she did right.

- Make your comments specific and focused.
- Consider skills demonstrated in completing the history and exam, documenting, collecting additional information (e.g., lab tests), and clinical reasoning.
- Say, for example, “you didn’t jump into solving her presenting problem but kept open until the patient revealed her real agenda for coming in today.”

Tips on helping students correct mistakes:

- Make your comments specific and focused.
- As soon as possible, after a student makes a mistake, find an appropriate time to discuss what was wrong and how to correct the error in the future.
- Say, for example, “you may be right that the child’s symptoms are due to a viral upper respiratory infection, but you can’t be sure it isn’t otitis media until you’ve examined the ears.”
- Consider recommending additional resources or readings to the student.

Creating a Challenging but Supportive Learning Environment

Encourage active learning:

- "Active learning has the student spending more time seeking information, while passive learning requires more time of the preceptor."
- "Medical students enjoy helping and giving real patient care. The preceptor should expect the student to read independently about the patients seen and not have to provide the student all the education around each encounter."
- "... the put-you-to-work approach has been well accepted by medical students; they like being useful if they are not overloaded with patient responsibilities or menial task"

Tips for making learning active include:

- Clarify the ground rules.
- Ensure that each student has some specific responsibilities, such as charting.
- Have students sign notes with their name followed by OMSIII or OMSIV (Osteopathic Medical Student III or IV).
- Invite reluctant students to actively participate while in the exam room (e.g., "come look at this," "come feel this").
- Ask students to read about specific patients and topics and find time the next day to discuss what they have read.
- Ask students to justify their questions (e.g., "That's a good question; why is it important to know that for this case?").
- Use a variety of open-ended questions.

Clarify the following for students:

- Patient safety is the number one priority.
- You expect them to fulfill assigned responsibilities.
- You have high standards for their work.
- They will often feel uncertain and make mistakes.
- Learning involves taking risks.
- They will have your support as they learn.
- They can feel safe sharing issues concerning personal and professional development.

Tips for creating a supportive learning environment include:

- Learn students' names and use them frequently ("student doctor x").
- Ask your students what they think, rather than always sharing your impressions first.
- Get to know your students; ask about their interests outside of medicine.
- Share information about yourself with students to whatever extent you feel is appropriate.
- Make eye contact and use an open posture when students present a question or concern.

- Make verbal appointments to discuss students' questions and follow through with the discussion in cases where you couldn't address the questions when they were presented. Students should be expected to research some of their more complicated questions.
- Recognize trust and mutual respect are built over time.
- Be aware that most students have had painful experiences with teachers and might find it difficult to admit they don't know something. Hiding deficiencies in medicine has become a key to survival. Clarify that they must admit to knowledge gaps when it comes to patients.

Training Students in a Busy Practice

Preceptors are those in clinical practices who have agreed to teach students. For many, this is an exciting opportunity to give back to the profession and enjoy interacting with the students. For others, it can be a little worrisome trying to think of training a student while being in a busy practice.

The answer to how to teach students without having it impede your clinic efficiency is probably different for each practitioner and clinical setting. Recommendations for training students in a busy practice are provided below:

- When comfortable with the student's skills, find one or two patients per half day that are well known to you and, with the patient's permission, have the student spend time with them. Have the student populate the chief complaint, history, review of systems, and examination in the Electronic Health Record (EHR), including a review of the problem(s) and medication(s).
- The students can then spend a few minutes presenting the patient to you and then together you can see the patient. This will allow you to spend less time charting except for making minor adjustments for diagnosis and billing. In this way, the student also functions similarly to a scribe and performs a time saving function and receives the educational value.
- There may be times you don't want to get out of your patient care rhythm and want the student(s) to learn from these cases. It is okay to use some other time, such as after the clinic day, to discuss them.
- It is also important to discuss patients the student saw and whether they wrote in their chart. If they did not write in the chart, ask them to make their own separate notes for you to review their thought process.
- Help the student understand the thought process that goes into each patient encounter and decision you make:
    - How do you weigh all the information to make a diagnosis or a treatment plan?
    - How do you determine who is really sick and who is not?
    - How do you define your relationship with your patients?

Students will learn about patient boundaries, professionalism, empathy, and listening by observing your behavior with the patients, so it could be a good idea to openly discuss some of these issues.

ORIENTATION

Preparation and Orientation

The development of a system to orient and clarify expectations with a student can help each clerkship get off to a good start. Taking the time to orient the student on the first day saves the preceptor time and energy and prevents student mistakes and unintended misbehaviors. A systematic orientation by you and your staff helps a preceptor tailor the clerkship to different students' particular needs and provides a framework for giving students feedback and completing evaluations.

Explain to your staff you will have osteopathic medical student working with you who will be a member of the team and absorbed in the workflow. Done correctly, with collaboration and under supervision, the student should *add* to the efficiency of the office.

- Take time to make the student familiar with the practice/hospital layout. Show them where they should park and leave personal items, as well as the location of the break room(s), restrooms, their work area, etc.
- Introduce the students to the staff and explain their role in the office. Also, let the students know who they should speak to about specific questions.
- Orient the student to where they can find various important items.
- Advise the student about office policies that employees are expected to follow. Provide the student with a copy of office policies and procedures, if appropriate.
- Discuss your expectations with the students:
    - What time should they arrive?
    - When is their day complete?
    - What are their assigned tasks?
    - Do they have reading assignments?
    - What can they do?
    - What can they not do?
- Be sure the student is comfortable in the environment in which they will work. Your patient may sense insecurity in the student, and this will diminish the patient's experience. Remember that they have spent two years preparing for this.
- Tell all patients that you have a medical student working with you and get their permission to have the student see them.

Orientation Guidelines for Hospital Experiences

All ARCOM students need to be informed if the following are available to them at your facility and the protocols for their use or access during their clerkship:

- Ancillary Services (radiology, lab, etc.)
- Cafeteria
- Call/Sleep Rooms
- Emergency Department

- Housing
- Internet/Wi-Fi Access
- Library
- Lounges
- Meals
- Osteopathic Manipulative Medicine (OMM) Tables
- Parking
- Security
- Study Space
- Other (if applicable)

Thank you for your commitment to excellence in clinical education. Your guidance is invaluable in shaping the future of osteopathic medicine.