



Colorado Commission on Family Medicine

Handbook for Rural Preceptors

Contents

Introduction.....	3
Background, Goals, and Responsibilities.....	4
Philosophy of Preceptorship Program	4
Goals of Rural Rotations	4
Responsibilities of the Resident.....	4
Responsibilities of the Site/Preceptor	5
Assurances.....	5
Frequently Asked Questions	6
Who should I contact with additional questions?.....	7

Introduction

Thank you for serving as a rural preceptor for the Colorado Institute of Family Medicine's one-month rural rotations. All family medicine residents training in Colorado are required to complete a one-month rotation in a rural or underserved community. The rotation is a significant component of a family physician's training in Colorado. The rural/underserved rotation is a collaborative effort of the nine family medicine residencies and Colorado's community practices. The purpose of the rotation is for the resident to experience first-hand the challenges and rewards of being a competent family physician in a rural and medically underserved setting with limited medical resources. Additionally, this experience exposes the resident to the qualities of community life, such as local pride in and support of its hospital, schools, churches and community events and activities. This rotation offers the resident the opportunity to draw upon her/his accumulated pool of knowledge in a real-life setting some distance from the training program.

The Commission on Family Medicine (COFM) and the Colorado Association of Family Medicine Residencies (CAFMR) jointly administer the rural rotation program for the Colorado Family Medicine Residencies.

This handbook provides a description of the goals of the rural rotation, answers to frequently asked questions (FAQ), and staff contact information. For more information about the rural rotation, visit cofmr.org.



Background, Goals, and Responsibilities

Philosophy of Preceptorship Program

The Commission on Family Medicine is committed to maintaining high educational standards in the training of family physicians. This one-month rotation experience is a very important component of a family physician's training in Colorado. The purpose of this rotation is to allow the resident to experience first-hand the challenges and rewards of practicing in a rural setting with limited medical resources. Additionally, the rotation exposes the resident to the qualities of community life such as local pride in and support of its hospital, schools, churches, and community activities. The excellent educational experience preceptors provide cannot be duplicated within the walls of the training programs. Finally, this rotation offers a resident the opportunity to draw upon his/her accumulated pool of knowledge in a real life setting some distance from the training program. In certain circumstances, residents may request to complete a local, urban medically underserved rotation in lieu of traveling to a rural rotation site.

Goals of Rural Rotations

During their one-month rural rotation, residents will...

- Gain experience practicing family medicine in a rural community.
- Identify the challenges and rewards of rural practice.
- Experience unique lifestyle associated with living in a rural community.
- Gain exposure to different models of practice management.
- Identify professional strengths and deficits to address when returning to home training program.

Responsibilities of the Resident

During their rural rotation, residents will...

- Carry out assigned patient care responsibilities.
- Share night and weekend call with preceptor providing back-up.
- Utilize the opportunity to learn more about practice management, the hospital and its staff, and the community role of the physicians.
- Learn about the community by planned use of "free time."
- Experience the nuances of a group practice, if the preceptor is part of this setting by (1) assuming patient care responsibilities of the preceptor and (2) remaining under the close supervision of another member of the group.
- Complete an evaluation of the preceptorship.

Responsibilities of the Site/Preceptor

Preceptors and/or sites will...

- Provide the resident suitable housing for the rotation period. To adhere to duty hour regulations, the housing must be separate from the hospital or clinic.
Examples of living arrangements are:
 - rental home or apartment with utilities in operation
 - hospital-owned living quarters with utilities in operation
 - a bedroom in the preceptor's home
 - bed and breakfast or hotel accommodations
- Provide a realistic experience of the full range of rural practice: hospital, nursing home, office, and patient's home.
- Provide adequate office space to temporarily accommodate the resident.
- Allow the resident direct patient care responsibilities, monitored and supervised by the physician preceptor.
- Supervise all clinical and professional activities personally or through a qualified delegate.
- Residents must be supervised by a physician preceptor who is available on site or by phone.
- If the rural preceptor would like to take time off, the resident can either be supervised by another qualified physician or participate in community activities that would enhance their rural rotation experience.
- If the primary physician preceptor plans to take more than 2-3 days off during the rotation, it is recommended that the rural site not accept a resident during that month.
- Discuss the economics and management of the practice.
- Include the resident in functions of the hospital staff and of the local medical society.
- Expose the resident to the broader role of the preceptor in the community, such as civic, political, and educational activities.
- Emphasize the qualities of small town life by introducing the resident and spouse to the recreational and social activities of the community.
- Complete a Program Letter of Agreement (PLA) with the residency.

Assurances

- The residency continues to pay the salary of the resident during the preceptorship.
- Residents are insured against malpractice claims during the preceptorship at the \$1,000,000/\$1,000,000 level, or to limits of government liability.

Frequently Asked Questions

[Are Colorado family medicine residents required to do a rotation with an established family physician in a rural or medically underserved community?](#)

Yes. Effective with the graduating class of 1989, all Colorado family medicine residents must complete a one-month rotation in a rural Colorado site approved by the Colorado Commission on Family Medicine (COFM). In certain circumstances, residents may request to complete a local, urban medically underserved rotation in lieu of traveling to a rural rotation site. COFM has established this requirement and oversees the project in order to increase the likelihood of a graduating resident choosing a practice in an area of need. The resident (once licensed) usually enters into this rotation during his/her second or third year of training.

[How are residents assigned to rural rotations?](#)

Residents make rotation site requests via the COFM Rural Rotation website. The website has profiles on all of the approved rural rotation sites. Rotation requests come to CAFMR's Association Coordinator, Julie Herzog, who coordinates scheduling with the rotation site, resident and program coordinator. The program coordinators ensure that all residents schedule a rural rotation. Some residencies have established a partnership with one or more communities for rural training, which exceeds the COFM requirement. Although these sites will be included in the list of approved sites, COFM respects these relationships and assigns additional residents to these sites as compatible with the needs and schedule of the residency working with these communities.

[Can this rotation lead to recruitment of a family physician to our community?](#)

Yes. This is one of the goals of the rotation. The rotation affords the resident physician an opportunity to spend an extended period of time in your community developing a relationship with its citizens. This is an excellent opportunity for your recruitment committee to welcome the physician to the area and express an interest in having him/her return for permanent practice.

[Must the resident physician live at the rural site during this rotation?](#)

Yes. The purpose of the rural rotation is to allow the resident to experience first-hand the challenges and rewards of practicing in a rural setting with limited medical resources. Even though some rural areas are within commuting distance, a resident is required to live at the site.

[Am I evaluated on my performance as a preceptor?](#)

Yes, after the resident has completed the rotation, he/she is asked to complete an evaluation form about the experience, both for CAFMR and for the individual residency program. CAFMR staff uses the evaluation information to help the Commission maintain an ongoing assessment of the educational experience. An overview of the CAFMR evaluations will be shared with the preceptor annually.

[Will I evaluate the resident on his/her performance during the month?](#)

Yes, you will receive a post-rotation evaluation from a faculty or staff member from the program whose resident just rotated with you. Evaluations will differ between programs.



What are duty hour requirements?

The Accreditation Council for Graduate Medical Education (ACGME) has established duty hours that limit the number of hours per week or month that any resident can work. As the ACGME states, “Duty hours are the amount of time resident and fellow physicians spend on clinical experience and education in their specialty or subspecialty after completion of medical school.”¹ Guidelines include the following, directly quoted from the ACGME.²

Maximum Hours of Work per Week: Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Mandatory Time Free of Duty: Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.”

Maximum Duty Period Length:

- Duty periods of PGY-1 residents must not exceed 16 hours in duration.
- Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

Who should I contact with additional questions?

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and
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¹ <http://www.acgme.org/What-We-Do/Accreditation/Duty-Hours>

² [http://www.acgme.org/Portals/0/PDFs/Common_Program_Requirements_07012011\[2\].pdf](http://www.acgme.org/Portals/0/PDFs/Common_Program_Requirements_07012011[2].pdf)





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