



Regional Programs

Summer Opportunities For Medical Students 2020

Family Medicine Rural Preceptorship
Service Learning Project
M*A*S*H Assistantship

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REGIONAL PROGRAMS FAMILY MEDICINE RURAL PRECEPTORSHIP PROGRAM

This guide provides information about summer learning experiences in Family Medicine and opportunities to assist with pre-health professions mentoring:

- 2-week Family Medicine Rural Clinical Preceptorships
- 6-week Clinical Preceptorship and Service Project combination
- 2-week M*A*S*H Assistantships

Applications will be accepted January 30 – February 13, 2019.

PURPOSE:

This experience is to help bridge the gap between basic sciences and clinical medicine by providing a summer clinical training experience in rural private practice Family Medicine clinics for students who have completed the first year of medical school.

GENERAL GOALS FOR THE PRECEPTORSHIP:

- Provide the student with special insight into the way of life of a rural family physician in private practice.
- Address the mal-distribution and shortage of family physicians in rural Arkansas by supplying positive training experiences in diverse locations throughout the state.
- Provide the student with a relaxed environment away from formal coursework where they may focus on their goals of medical practice and their own future.
- Demonstrate the need for rural family physicians - a need that can and is being met with the best practices of quality medical care in a community setting.
- Introduce an awareness of the importance of primary care, chronic disease management, population health in the overall effort to improve quality of life for individuals and populations and improve patient experience in health care, while reducing health care costs.

FAMILY MEDICINE RURAL PRECEPTORSHIPS:

During the **Preceptorship**, you will have the opportunity to observe and become a part of all aspects of the private practice of a family physician in a community setting.

By the end of the preceptorship, the student will be able to:

1. Explain the importance of the physician/patient relationship.
2. List common medical problems seen by a family physician in the selected community.
3. Discuss the strategies commonly applied for the prevention, diagnosis and treatment of these problems.
4. Compare and contrast the value of human and environmental influences as determinants of a patient's health.
5. Outline basic principles of office management and standard business practices.
6. Describe an approach to clinical problem solving.
7. Explain the need to maintain good clinical records.
8. Demonstrate basic skills of conducting effective patient histories and physicals.
9. Perform simple diagnostic and therapeutic procedures.

SERVICE LEARNING PROJECT OPTIONS

Service Learning is a form of experiential education that responds to real-life community problems – you learn while providing a service to the community. Service provides the student with an opportunity to gain knowledge about and participate in activities designed to improve the health and welfare of citizens in select communities. Service may be in the form of a) assisting with a Quality Improvement or Health Initiative project at one of the Regional Centers or b) volunteering in a community organization.

1. Service projects may be performed in groups of up to two (2) students on one project.
2. Each student will submit a separate proposal for their responsibility in the project.
3. Each student will submit an end-of-project written report for their part of the project.
4. End-of-project presentations must be presented at the same time with all group members present.

A. Quality Improvement

The **Quality Improvement (QI)** service will provide the student an opportunity to assist the Medical Director or QI Coordinator at the Central level or at one of the UAMS Regional Centers, Community Health Centers or Arkansas Rural Health Partnership to implement a pre-selected Quality Improvement or Health Initiative project.

In addition to the Preceptorship objectives and expectations, for the **QI** the student will:

1. Apply knowledge and previous training to advance a Family Medicine Clinic-selected project to improve clinical processes, disease registries, care management plans, or other clinical initiative of the Center's choice.
2. Work with the Medical Director or QI Coordinator at the Central Administration, Regional Center, Community Health Center or Arkansas Rural Hospital Partnership on the selected project.
3. In the final report, demonstrate awareness about the need for continuous quality improvement as a best practice in the business of medicine.
4. Prepare and submit a final report at the conclusion of the project to include effectiveness of the project goals and recommendations of further actions, if needed.
5. Present a brief summary presentation to appropriate Central Administration staff to conclude the service project.

B. Community Health

The **Community Health (CH)** service will combine community service with the clinical experience. Students will work at the Central Office, a UAMS Regional Center, Community Health Center or Arkansas Rural Health Partnership to develop and implement a need-based Community Health project.

In addition to the Preceptorship objectives and expectations for the **CH**, the student will:

1. Select a community need from the list of pre-approved projects.
2. Apply knowledge and previous training to plan, develop and implement a community project related to a community need.
3. Enlist available private, community, and/or state resources to the benefit of the selected service project.
4. In the final report, demonstrate awareness about medical and health-related issues of the selected community.

5. Present a brief, informal presentation of activities or outcome of the project to the community advisor and appropriate Regional Programs Central administration staff.

C. Family Medicine Interest Group Tar Wars Community Service Project

In addition to the Preceptorship objectives and expectations, for the **FMIG Tar Wars project**, the student will:

1. Review information on the www.aafp.org website to become familiar with the service project.
2. Identify and collect appropriate resources to implement the project.
3. Develop a plan for implementing the project and present to the FMIG to solicit member involvement.
4. Identify area elementary or middle schools who would be willing to participate.
5. Schedule dates and arrange for FMIG members to present.
6. Present a brief, informal presentation of the activity to the Regional Programs Central Administration staff and at an FMIG meeting.

ELIGIBILITY AND SELECTION

- Students must be in good academic standing with the College of Medicine.
- Applications will be reviewed and students notified by email of selection. Applications received after the deadline will be considered only if slots are available.
- Students applying for the Service Option must submit a formal project proposal to the Regional Programs Education office after notification of selection into the program. Please note, however, that projects are not confirmed until proposal is accepted by the Regional Programs Education Office. Students will be notified by email that the project proposal has been approved.
- **Rural Practice Scholarship students** who must fulfill the rural curriculum requirements must complete a Family Medicine Preceptorship at the end of their first year of medical school and are encouraged to participate in a Community Health Project to gain a wider appreciation of rural practice.
- *The Regional Programs Central Office reserves the right to make final decisions regarding selection of applicants and implementation of the Preceptorship programs, particularly in the selection of appropriate physicians and sites.*

ELIGIBLE COMMUNITIES:

- **Family Medicine Rural Preceptorships:** All communities in the state except those in Pulaski County.

LENGTH OF PRECEPTORSHIPS AND TIMING:

- **Family Medicine Preceptorships** are funded for two (2) weeks for a total of \$300.
- **Combined Preceptorships & Service Option** are funded for clinical/service combination of six (6) weeks for a total of \$1,500.
- Students may participate in Preceptorships/Service Options beginning June 1, 2020, and ending August 7, 2020.
- A business week equals five (5) business days – Monday through Friday. If your time with the preceptor includes a holiday, those days must be made up.

STIPENDS:

- Stipends are provided to offset the cost of transportation, housing, and/or meals in the community you have selected. *The stipend is considered income and should be reported as income to the IRS.* This income can be offset by your school expenses or educational costs, such as tuition, books, supplies, travel, meals and lodging while off campus. If your income exceeds your educational costs, then the exceeded amount will be taxable.
- Students participating in the preceptorship will receive the stipend at the end of the required two weeks and upon satisfactory completion of submission of all assignments and evaluations.
- Students participating in service learning projects will receive a second check upon completion of the project and when all requirements have been satisfactorily completed.
- Upon request, checks may be mailed. Students are responsible for providing the Regional Programs Central Office with a complete, accurate and current mailing address.
- A completed W9 and vendor form must be submitted with application.

HOUSING & MEALS:

It is the responsibility of the student to make arrangements for housing and meals. Some preceptors or communities, including the Regional Centers, may be willing to provide housing while you are working with one of their physicians. Any housing requests must be noted on the application form.

RESPONSIBILITIES OF THE STUDENT:

- Be prepared to work with your physician preceptor Monday through Friday, usually reporting between 8:00 - 9:00 AM and finishing between 5:00 - 6:00 PM, realizing that the nature of the physician's work schedule precludes a definite time outline. You may occasionally be asked to work with your preceptor during evening hours or attend evening or weekend meetings which he/she considers pertinent. Take advantage of every opportunity to learn.
- Since you will be a third party to the customary privileged doctor/patient relationship during a preceptorship, this position must be honored and confidentiality must be respected. Your conduct is expected to be professional and consistent with the dignity and reputation of the profession. Remember your HIPAA training!
- Always wear your student lab coat and UAMS name tag unless directed otherwise by your preceptor.
- Complete all Blackboard assignments.
- Complete end-of-course evaluations on preceptor and program.
- Some hospitals or clinics require anyone who spends time in their facility to be screened and approved for clinical or educational activities. These screenings may include CPR certification, annual TB skin tests, immunization records, criminal background checks and/or drug screens. ***It is the responsibility of the student to provide these documents directly to the hospital or clinic and at the student's expense.*** Contact UAMS Student Health Services at 501-686-6381 or <http://familymedicine.uams.edu/university-healthcare-services/student-and-employee-health> for your health records, if required.

BLACKBOARD ASSIGNMENTS:

To help students gain a better understanding of the specialty of family medicine, there are specific activities during the Family Medicine Preceptorship. Various articles and videos will be posted on Blackboard that allow you to comment and reflect on your experience. You will begin

the preceptorship by interviewing your preceptor to learn about the practice and to discuss lifestyle, career issues and the role of the family physician in the community. You will post your notes and reflections about the interview as well as reflections on such topics as health literacy, primary care, chronic disease self-management, public and community health, disease prevention, health policy and advocacy. Students will receive more information prior to the start of the preceptorship.

***** ALL PRECEPTORSHIP STUDENTS will complete a Primary Care curriculum as well as preceptor and course evaluations on Blackboard as part of the terms of this program. *****

SERVICE PROJECT IDEAS AND COURSE CREDIT OPTION:

Since the Quality Improvement/Community Health service involves a clinical and a community based experience, you should work out a schedule that is mutually agreeable with your Preceptor.

Teamwork and team-based care are important elements of high quality health care and to practice these elements, students may work in teams of up to two (2) students. Project topics are listed in the Appendix. *Note:* Up to four (4) credits may be approved as an elective for the senior year, if requested. To qualify for credit, there must be an unusually stringent academic component to the activity. *Written approval must be received from the College of Medicine Executive Associate Dean's office prior to starting the project/service.* For more information, see the specific policy approved by the College of Medicine Curriculum Committee located in the Appendix.

CANCELLATION:

If you are selected and find yourself unable to participate in either the clinical or service preceptorship, you must contact the preceptor *and* the Program Coordinator, Jessica Bursk, at the Regional Programs Central Office (501-686-5260) or JLBursk@uams.edu as soon as possible. Please be respectful in that there may be students on a waiting list who will be given an opportunity when a slot opens up.

CHOOSING A PRECEPTOR:

1. On the preceptorship application form, students will rank two blocks and two preceptors in order of preference.

Block Schedule

Block 1: June 1 – 12, 2020

Block 2: June 15 – 26, 2020

Block 3: June 29 – July 10, 2020

Block 4: July 13 – 24, 2020

Block 5: July 27 – August 7, 2020

2. Approved preceptors may be found on the American Board of Family Medicine website: <https://portfolio.theabfm.org/diplomate/find.aspx>. Here, students may search for physicians by name, city or additional qualifications. Students may contact Jessica Bursk at jlbursk@uams.edu or 501-686-5260 for help identifying a preceptor.

3. Preceptorships may not exceed a one-on-one ratio (one student to one preceptor). In the case of a group practice, the number of students allowed with that group depends on the number of physicians actively participating in the program and willing to precept a student.
4. The Regional Programs Education office will approve preceptor selection, send resource materials to preceptors and follow up on evaluation forms that are not submitted immediately upon completion of the program. Once notified of preceptor approval, it is the responsibility of the student to contact the preceptor and make arrangements. Every effort will be made to match students with their first choices, but this cannot be guaranteed.

EVALUATIONS:

Preceptor:

You will be responsible to complete an evaluation on Blackboard to provide feedback about the community physician with whom you worked.

Program:

You will be responsible to complete an evaluation on Blackboard immediately upon completion of your Family Medicine Preceptorship and/or Service Option. Evaluations are anonymous and specific feedback is important to improve next year's program.

Students completing a Service Option will answer additional questions about their project or service.

Student Performance:

Your community preceptor will also complete an assessment of your participation and verify successful completion of program objectives. There is no academic grade associated with this assessment but it is used to document your accomplishments and improve the quality of the program. Upon request, you may receive a copy of your preceptor's evaluation of your work. The Regional Center Director or designee, or a representative of the Regional Programs Education Office may make on-site visits while you are participating in a preceptorship in their region.

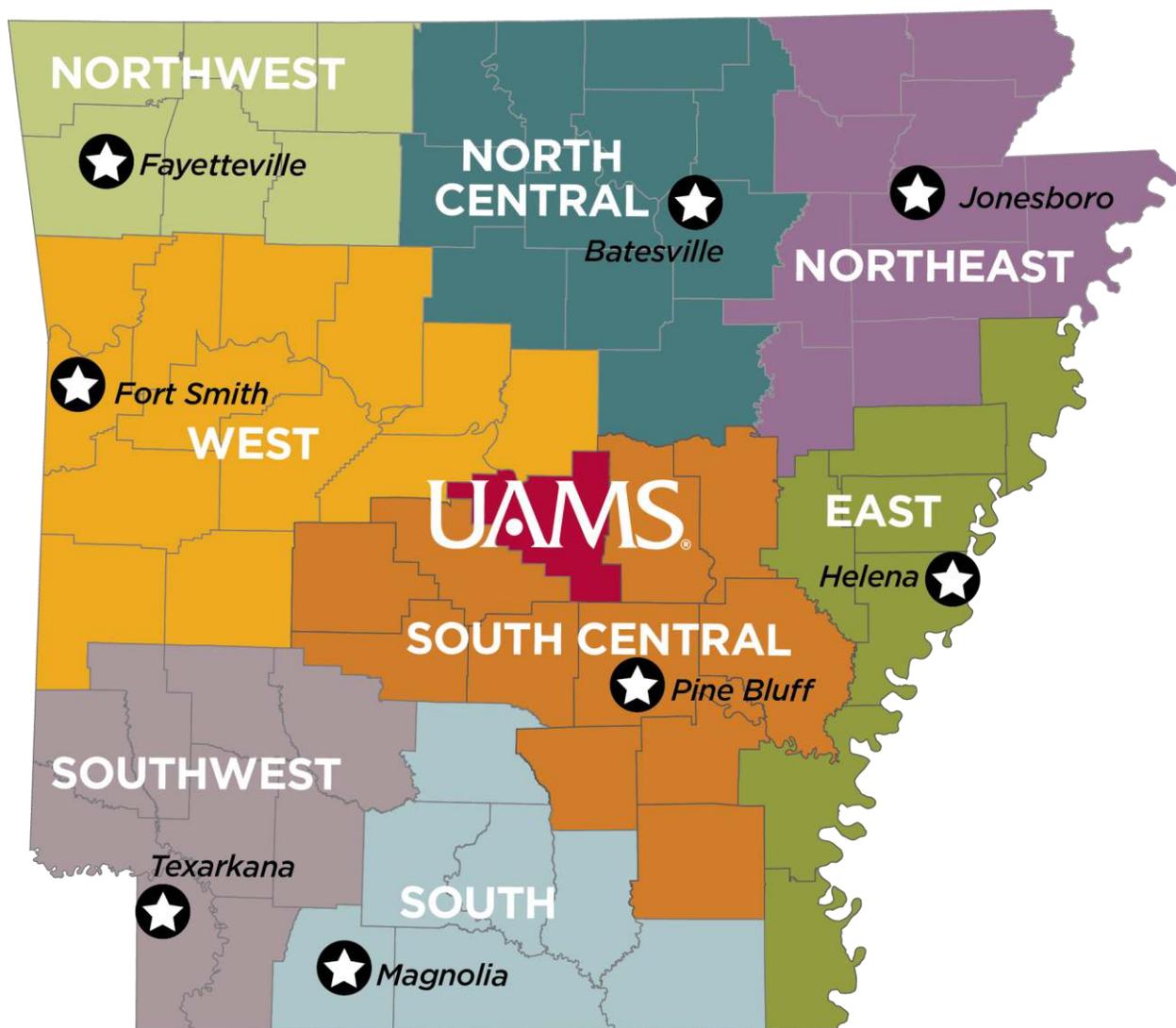
Service Learning students will be evaluated by the project supervisor. *The project is considered incomplete until the evaluation forms are received. The balance of the stipend will be paid when all evaluations and reports have been received by the Program Coordinator.*

TIMETABLE

1. **January 30, 2020:** Informational meeting with the students to discuss summer program opportunities.
2. **January 30, 2020 – February 13, 2020:** Applications accepted via Regional Programs website.
3. **Friday, February 21, 2020:** Students receive confirmation of acceptance.
4. Dates available for Preceptorships and Service Options: **June 1 – August 7, 2020.**



Regional Programs



CENTERS by REGION

East

1393 Highway 242 South
Helena- West Helena, AR 72342
870-572-2727

Counties: Crittenden, Saint Francis,
Monroe, Lee, Phillips, Desha, Chicot

North Central

1215 Sidney Street, Suite 201
Batesville, AR 72501
870-698-9991

Counties: Baxter, Cleburne, Fulton,
Independence, Izard, Marion, Searcy, Sharp,
Stone, Van Buren

Northeast

311 East Matthews Street
Jonesboro, AR 72401
870-972-9603

Counties: Randolph, Clay, Cross, Lawrence,
Greene, Jackson, Craighead, Mississippi,
White, Woodruff, Poinsett

Northwest

1125 North College Avenue
Fayetteville, AR 72703
479-713-8000

Counties: Benton, Carroll, Boone,
Washington, Madison, Newton

South

1617 N. Washington
Magnolia, AR 71753
870-235-3556

Counties: Dallas, Ouachita, Calhoun,
Bradley, Columbia, Union, Ashley

South Central

4010 Mulberry Street
Pine Bluff, AR 71603
870-541-7611

Counties: Garland, Saline, Lonoke, Prairie,
Hot Spring, Grant, Jefferson, Arkansas,
Cleveland, Lincoln, Drew

Southwest

300 East 6th Street
Texarkana, AR 71854
870-779-6017

Counties: Little River, Sevier, Howard, Pike,
Clark, Hempstead, Nevada, Miller, Lafayette

West

612 South 12th Street
Fort Smith, AR 72901
479-785-2431

Counties: Crawford, Franklin, Johnson,
Pope, Sebastian, Logan, Conway, Faulkner,
Scott, Yell, Perry, Polk, Montgomery

SERVICE LEARNING PROJECT IDEAS

Quality Improvement and Community Health Projects:

Topic	Location
<p>Integrated Behavioral Health (ACGME Standard)</p> <ul style="list-style-type: none"> • Understanding the impact of behavioral health conditions on overall health outcomes for individuals seen in primary care settings. Review of best practices for integrating BH clinicians into treatment teams. • Screening for Substance Use Disorders (alcohol or drug use) and impact of undiagnosed addictions disorders on patient healthcare cost and outcomes. 	Central Office (Little Rock)
<p>Screening for Social Determinants of Health (ACGME standard)</p> <ul style="list-style-type: none"> • Recognition of the social factors, which often impede patient attendance to appointments, treatment adherence and outcomes and how primary care clinics can support patient outcomes and reduce no shows through SDOH screening and resource referral. • How screening for Social Determinants of Health can help to reduce provider burnout and improve patient – provider engagement. 	Central Office (Little Rock)
<p>Wellness (ACGME priority area)</p> <ul style="list-style-type: none"> • Strategies to develop and promote resiliency among Family Medicine residents and Faculty. • Developing a “provider prescription for self-care” • Structured provider wellness models (i.e. Balint or Schwartz Rounds). Why the work, best practice recommendations. 	Central Office (Little Rock)
<p>Screening for Suicide (ACGME priority area)</p> <ul style="list-style-type: none"> • Education and strategies for screening for suicide among FMC patients • Education and strategies for screening and intervention for suicide among family medicine residents and faculty 	Central Office (Little Rock)
<p>Using Motivational Interviewing Skills to solicit health change behaviors</p> <ul style="list-style-type: none"> • Understanding the change process • Using change language to support patient engagement in treatment 	Central Office (Little Rock)

Quality Improvement and Community Health Projects (continued):

<p>Summer STEM Academy Development</p> <ul style="list-style-type: none"> • This program will offer ACT preparation, academic success preparation, introduction to health professions and a variety of hands-on, STEM-based activities to high school students in the delta region of Arkansas. 	<p>Central Office (Little Rock)</p>
<p>Health Information Exchange</p> <ul style="list-style-type: none"> • Teaching, informing and engaging patients in their health care process by signing them up for an electronic patient portal account. This account would allow the patient to email their doctor or nurse to schedule appointments, ask questions, and request refills without leaving the comfort of their home. 	<p>UAMS South – (Magnolia)</p>
<p>Best Practices for Active Patient Communication of Care Needs with Rural Geriatric Patients</p> <ul style="list-style-type: none"> • To examine patient needs as it relates to communication with their provider and the best practices to do so, the student will work with the CHCA QI Team and other health literacy experts to write a white paper on provider to patient communication tactics with rural geriatric patients as well as create a patient education brochure on tactics for how patients can better communicate with their providers on the needs they have. The project includes but is not limited to interviewing patients in rural Arkansas 55+ within at least one Community Health Center. 	<p>Community Health Centers of Arkansas</p>
<p>Eat Wise, Exercise, Drop a Size Campaign</p> <ul style="list-style-type: none"> • Arkansas has very high rates of chronic diseases. Heart disease and diabetes are among the top five diseases on the list. A common contributor to these disease processes is <u>high blood pressure and obesity</u>. Programs like this are fulfilling to providers and are great for increasing patient experience. The goal is to develop a campaign on the importance of eating healthier, exercising for people who live in rural communities across the state of Arkansas. The campaign will recommend participants attending nutrition education classes in a community health center and the importance of committing to a 30-minute exercise routine (30 min cardio/day). The 	<p>Community Health Centers of Arkansas</p>

<p>campaign will provide educational material on how hypertension and diabetes can lead to a heart attack, stroke, and possibly death.</p>	
<p>White Paper: Health Centers Strengthening Services to Benefit Rural Patients</p> <ul style="list-style-type: none"> • Student will travel to four rural communities and speak with residents regarding issues that face that impacts their health. Research has indicated that people who live in rural areas face different health issues than people in reside in urban areas. As a result, what additional services are needed to help prolong the life of people who live in rural communities? 	<p>Community Health Centers of Arkansas</p>

Contact the Regional Programs office for more information on any of the projects listed above.

M*A*S*H
Medical Application of Science for Health

SUMMARY: Every summer since 1988, hundreds of high school students in Arkansas have donned surgical scrubs or lab coats at UAMS Regional Centers and community hospitals across the state in order to learn more about health careers. With a special emphasis on rural youth, the Medical Applications of Science for Health program (M*A*S*H) has exposed more than 7,500 Arkansas high school students to careers available in the fields of medicine, nursing, pharmacy, dentistry, and allied health.

M*A*S*H Assistantships

The M*A*S*H programs are typically held for two weeks in June and July. Program dates were not available at the time of this publication, but you may contact Jessica Bursk in the Regional Programs Central Education Office (686-5260 or jlbursk@uams.edu) for the dates of the programs for locations that are of interest to you. The following sites plan to host programs in 2020:

Arkadelphia – Baptist Health Medical Center	Lake Village – Chicot Memorial Medical Center
Batesville – UAMS North Central	Magnolia - UAMS South / Magnolia RMC
Blytheville – Arkansas Northeastern College	Malvern – Baptist Health Malvern
Camden – Ouachita County Medical Center	Mena – Mena Regional Health System
Clarksville	Monticello – Drew Memorial Hospital
Clinton – Ozark Health Medical Center	Mountain Home – ASU Mountain Home
Conway – Conway Regional Medical Center	Mountain View – Stone County Medical Center
Crossett – Ashley County Medical Center	Nashville – Howard Memorial Hospital
DeWitt – DeWitt Hospital and Nursing Home	Paragould – Arkansas Methodist Medical Center
Dumas – Delta Memorial	Pine Bluff – UAMS South Central
El Dorado – Medical Center of South AR / Southark	Pocahontas – Black River Technical College
Fayetteville – UAMS Northwest	Rogers – Mercy Medical Center
Fordyce – Dallas County Medical Center	Russellville – St. Mary’s Regional Medical Center
Forrest City – St. Francis County Farm Bureau	Salem – Fulton County Hospital
Fort Smith – Mercy Medical Center	Stuttgart – Baptist Health
Fort Smith – Sparks Regional Medical Center	Texarkana – UAMS Southwest
Harrison – North Arkansas Regional Medical Center	Warren – Bradley County Medical Center
Heber Springs – Baptist Health Medical Center	
Helena – UAMS East	
Hot Springs – St. Vincent	
Jonesboro – UAMS Northeast	

The stipend for the 2-week program (Monday through Friday) is \$600 total. You must be available for the full two weeks to serve as an assistant. You can pick up your full stipend check from the M*A*S*H director on the last day of your assigned camp. Note that housing is NOT usually provided for M*A*S*H assistants. However, arrangements may be made in certain circumstances.

As a M*A*S*H Assistant, you may be asked to teach basic medical terminology and dissection to the students as well as a session on how you became interested in medicine, studied for the MCAT, prepared for medical school and what medical school is like. If you have other skills, such as CPR instructor certification, you may be asked to lead these activities as well.

If you wish to apply to be a M*A*S*H Assistant, please complete the application in this handbook and return it to the Regional Programs Education Office **by February 13, 2020**. You will be notified by email if we have been able to match you with your requested site.

HISTORY AND DESCRIPTION: The M*A*S*H Program was first developed and piloted in 1988 by UAMS South Central in Pine Bluff, and this popular program soon spread statewide, and was also replicated in several other states. The program encourages young people to explore the application of scientific theories and concepts to real life health care fields and scenarios. Students interact with various health care practitioners such as physicians, nurses, physician assistants, medical and radiologic technologists, respiratory therapists, pharmacists, and dietitians. Emphasis is placed on how the different professions function both individually and as part of an overall interdisciplinary team approach to health care.

During this two-week summer day-camp program, students complete certification in Basic First Aid and CPR and they learn the importance of healthy lifestyle habits. Reinforcement of the connection between basic science concepts and medical diagnoses and treatment occurs through lectures, labs, clinical interaction and shadowing. Exposure to different health professions is an integral part of the M*A*S*H experience. Students learn to identify various disciplines, what they do, how they relate to one another, and how the fundamentals of anatomy, biology, pharmacology, and physiology apply to each discipline.

For students from rural areas, M*A*S*H demonstrates that challenging career opportunities can be pursued in non-metropolitan communities. Students sometimes perceive that highly technical equipment and professional opportunities may only be available in larger, urban areas. By participating in M*A*S*H programs in their own, or similar communities, rural students can observe the availability of various types of medical resources and the need for appropriately trained professionals in their own towns.

APPENDIX

College of Medicine Senior Course Credit Policy

The four week preceptorship, with the additional four week service learning component will qualify for this credit.

College of Medicine students who participate in organized preceptorships or research activities, which have been determined appropriate for credit, during the summer between the first and second or second and third years of medical school, can receive up to a total of four credit hours for the activities. (A credit hour on such an activity will be equal to 36 hours of actual work, not prep time – or a credit hour per week for full time activities). The activities must be organized by the College of Medicine or the UAMS Regional Programs; they must be part of an organized program with written goals and objectives, and the student must receive an evaluation.

The determination of whether or not the activity is worthy of credit hours will be made in advance between the College of Medicine (office of the Executive Associate Dean for Academic Affairs or designee), and the director of the program sponsoring the activity. To qualify for credit, there must be an unusually stringent academic component to the activity and the activity will have been planned specifically to qualify for this credit by the director of the program and the Executive Associate Dean for Academic Affairs. Ad hoc preceptorships and/or research activities arranged by the student or groups of students will not qualify for this credit. In general, a simple preceptorship where the student is assigned to a clinician or researcher and observes them on rounds, in the clinic, or in the laboratory, will not be considered appropriate for credit. For example, the routine preceptorships available through the UAMS in the summer will not be eligible, nor will summer research positions arranged through the office of the Executive Associate Dean for Research. Time preparing for the USMLE Step examinations, even if done at a Board Preparation Course, will not qualify for this Pre-Clinical Elective Credit.

If there is any question as to whether a specific activity is eligible for this credit, the student should contact the office of the Executive Associate Dean for Academic Affairs. No guarantees of credit are made unless approved in advance by this office.

If a student takes part in such an approved activity, the director of the program will be responsible to report the students' involvement to the College of Medicine Dean's office in an official evaluation with a pass/fail grade. These grades will not become part of the student's transcript, but will be recorded in their permanent record. Failing grades will obviously receive no credit. A record will be made of the student's involvement along with the number of credit hours earned. The credit hours will be applied during the student's senior year.

Policy as approved by the UAMS College of Medicine Curriculum Committee March 2013.

Project Proposal
Community Health, QI/HI, or Other Service Option

Name: _____ Proposal Date: _____

Type of Project/Service _____ Location _____

Project Supervisor _____

Below are the types of questions you will need to answer for a well-thought out idea. If you have done any kind of community service or volunteer work in the past, build on that. There are no right or wrong answers to any of these questions. But you need to think about them in order to ensure success – for both the community and you!

1. Purpose - why do you want to do that particular service; what need does the community have for this particular service; how is going to benefit the community?

2. Community in which you plan to do the project; service population (children, elderly, pre-teens, adolescents, homeless, rural underserved, chronic disease management, etc.); why did you select this particular community?

3. Local organizations with whom you plan to partner– you will need guidance from a local community leader or civic group to serve as advisors to keep your project relevant and meaningful to the community.

4. What do *you* expect to learn, or gain, as a result of identifying, planning, developing, and implementing your idea? (...the *learning* part of “service learning”...)

5. Timeline – from start to completion, how long do you expect this project to take? How might the service/project be divided up into do-able mini-projects to make it feasible and to ensure ultimate success?

