



PRECEPTORS' POST

A Newsletter for Preceptors of the UNC SOM Asheville Program
March 2018

HIGHLIGHTING OUR FAMILY MEDICINE PRECEPTORS *FORMER MAHEC RESIDENTS GIVING BACK TO THE NEXT GENERATION*



RUSTAN ADCOCK, MD

I graduated from the MAHEC Family Medicine Residency Program in 2006. Before I was a doctor, I was a teacher. After graduating from college with a degree in English, I taught English in Japan and then later at the Rabun Gap School in North Georgia. Teaching and medicine are in my blood. My mother and grandmother were both educators, and my father just retired after 38 years as a family practice physician in a small town in rural Tennessee. I believe that the best of what we do as primary care doctors is both learn from and teach our patients in a dynamic conversation that extends over many years if not decades. I truly enjoy sharing this process with the third year medical students from Chapel Hill.

One of the many advantages of the longitudinal program is that the students get to see patients and their disease processes unfold over a continuum. Last year my student did an initial evaluation on a patient that presented with exertional dyspnea. He accompanied the patient to his stress test which was abnormal. He served as a patient advocate and a liaison during this process and ultimately went to the cardiac catheterization lab where the patient was found to have multi-vessel coronary disease. The student rounded on the patient after his coronary artery bypass grafting surgery and then ultimately saw him

back in our clinic for a hospital follow-up visit. While the clinical picture was not uncommon, the learning experience proved to be pivotal for the student. Long after the student's rotation ended, the patient and his wife continued to ask about the student and expressed their appreciation for his attentiveness.

This experience would not have happened without significant initiative on the student's part. To that end, I've been impressed with this eagerness to learn, intellect and professionalism that the third year students from Chapel Hill have exhibited. Working with such high caliber students helps us want to be our best selves in the clinic. I feel honored to be a small part in their journey of becoming physicians.

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JASON COOK, MD

I graduated from the MAHEC Family Medicine Residency Program in 2010. I spent four years working with the Hot Springs Health Program in Madison County NC as part of the National Health Service Corps. In 2014 I joined The Family Health Centers. I currently practice in the Family Health Centers Arden office.

I enjoy the longitudinal aspect of the UNC SOM Asheville program, getting to watch a third year student grow and develop his/her clinical skills over time instead of just one intense block. It makes for a better learning environment. I also like the opportunity to advise them on their potential career choices/specialties, since those decisions naturally evolve over the course of the third year.



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I've only been a preceptor with the longitudinal program for two years, but I have learned that my role is as much mentor as instructor. The students are learning the pathology and clinical knowledge in many different ways in this program. I feel that my niche is to show the human side of what we do. We spend a lot of time talking about the ins and outs of medical insurance, the effects of politics on medicine, the costs of medical care, and how that affects patients' lives and shapes our interactions and outcomes.

Talk to the students about things other than just clinical medicine. They benefit from our experience as community physicians and as adults in general. Get to know your students; take them out for a meal or a beer every once in a while. Keep the formality to a minimum. I think students learn better when they are comfortable.



BRIE FOLKNER, MD

I graduated from the MAHEC Family Medicine Residency Program in July 2012 and started in Spruce Pine, NC two weeks later. I took over Steven Hill's practice in Spruce Pine so that he could retire. I work with Chad Smoker. We have two nurse practitioners who work with us as well. We have since opened another practice location in Burnsville, NC about three years ago. I honestly did not think I would end up in private practice, but I cannot imagine it any other way now.

The students keep me on my toes by keeping me honest and up-to-date with current evidence-based medicine. I also really like it when the medical students can keep up with my patients outside of my office; like checking on them when they are at Mission or seeing them at a specialist's office. I think this is very helpful to coordinate care for the patient.

I really think the most important thing we can do for our patients is to listen to them. As much as providers try to stay "patient centered," it's hard because of all the insurance and ACO hoops we all have to jump through. It's easy to get caught up in checking all the boxes; we can lose focus on the reason why patients come to see us.

Having a full life outside the office/hospital makes us all better physicians. For sure having kids has been the best and hardest part of my life. Balancing work with a family takes skill, and I have not always been the best at it. But it's the ups and downs in life that help to keep me sympathetic and

empathetic towards my patients. In the end we are all in this together.

As preceptors, we need to be kind to the medical student. I know you may have been raised in a culture of medical school teaching which encouraged unhealthy tactics. Let's stop these practices now. There is no need to berate or embarrass the student because they cannot remember some medical fact. We were all medical students at one point in our life and it helps me to remember this when interacting with students, even after a busy or bad day.

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MARINA MACNAMARA, MD

Having graduated from the MAHEC Family Medicine Residency Program in 2016, I am still relatively new to the role of 'attending.' But my interests and goals have not changed since I graduated from medical school: I want to be able to provide full-scope family medicine ('womb to tomb'), I want to work with patients affected by dependence and addiction, and I want to teach. Fortunately, so far so good. I work at Mission Community Primary Care in Clyde, where I provide prenatal, pediatric, and adult care; I am a suboxone provider to my patients in need; and I have now worked with two medical students, one through the longitudinal program at UNC SOM Asheville, and one through the Rural Scholars program. Life is good.

So, why have I been so tired? As one of my mentors told me, 'The hardest year in medicine is not intern year – it's your first year out of residency.' So true. Ramping up my patient load in the midst of working with a slew of complicated patients can be... overwhelming. But, working with medical students has been a saving grace. With regard to teaching a rising second year medical student, emphasizing the basics about obtaining a complete history, and watching her start to hone her history as appropriate to the chief complaint is an inspiring transition.

Third year medical students are clearly at a different level, with more knowledge to draw on. Further, in the longitudinal curriculum of UNC SOM Asheville we work together over the course of a year. Over these past several months, I was able to watch her transform from a medical student to a well-prepared (sub) intern – clearly ready to spread her wings and make her own thoughtful decisions about patient care. In this time, she also helped me many a time by seeing one patient while I saw another, and then giving me a well-delivered summary of 'her' patient's concerns, such that I was able to make my interactions with that patient more efficient – and the patient got to take extra time to discuss any concerns, a prized commodity in the field of primary care where time is often squeezed. Finally, when clinical questions arose in our patient interactions (what is the efficacy of bio-identical hormones? How does armor thyroid compare to levothyroxine? What are the screening and diagnostic criteria for male osteoporosis? What is the differential for olfactory hallucinations?), she eagerly did the research and returned with a comprehensive review of the evidence for the question at hand.



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In short, working with medical students has helped my transition into attending-hood. By teaching, I continue to learn and to be inspired about the magic of primary care.



KATE RASCHE, MD

I graduated from the MAHEC Family Medicine Residency Program in the summer of 2015 and started practicing at Mission Community Primary Care-Haywood in Clyde, NC a few months later. I see all ages in a rural outpatient setting and also serve as the lead physician at my practice.

I started precepting very soon after graduation. I was nervous about teaching when I knew there were gaps in my own knowledge. However, I think working with me at this stage was actually beneficial to students, because I was being very deliberate in my differential diagnoses and treatment plans. We reasoned through patients together.

Since then, I've had overwhelmingly positive experiences with the UNC SOM Asheville students. When I think back to my own medical school experience, it was very inpatient and specialty heavy. Primary care is very difficult for a student, because it requires both breadth and depth of knowledge, which are necessarily acquired through experience. Nevertheless, the students I've worked with negotiate the variety of chief complaints I see surprisingly well. These students are far better prepared for ambulatory primary care than I was at their stage of learning.

I've found that working with medical students helps me in my own practice. It requires me to refocus on my "bedside manner," because I know a learner is watching and taking notes. With the fast pace of primary care, I've noticed that the little things like asking open-ended questions and attention to my body language get sacrificed to stay on schedule. I've learned from the students, too. It's easy to miss a new guideline or major paper here and there once you leave the academic setting.

I've had the good fortune of having several rural scholars rotate with me. Patients particularly enjoy these students who may have grown up in the area or have a similar background, and they usually finish the visit by encouraging the student to set up shop in Haywood County after graduation. Students also see firsthand the close and rewarding relationships I develop with patients in this unique population. I care about the community I serve, and I want to make sure it continues to be well supplied with physicians and providers in the future. I think precepting students is the #1 way to promote rural practice.

In short, the benefits go both ways in a preceptor-student relationship. I'm grateful to have such a high quality program nearby to keep me involved in medical education.

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THIS IS WHAT OUR STUDENTS ARE SAYING

CHRISTIAN BEYER

*I thoroughly enjoyed working with **Dr. Adcock** during my Family Medicine clinical rotation! His patients often mentioned how lucky I was to be working with such a great doctor, and it showed as I continued to learn from him. He quickly provided me the autonomy to take care of his patients as if they were mine, and he continued to challenge me in my presentation skills and clinical reasoning throughout the year. The improvements I made during my third year of medical school were largely because of his teaching!*

MOLLY DUFFY

*It has been a wonderful experience having **Dr. MacNamara** as my family medicine preceptor this year. Not only is she an excellent teacher, guiding me through hands-on experience in everything from history taking to joint injections to IUD placement, she is a role model in terms of patient care. No matter how busy her schedule was, she always managed to fit in that one extra patient who needed to see her, or somehow find time to spend 20 minutes on the phone with an anxious new mother. She truly goes above and beyond for her patients, which is what I admire most about her.*

MARGO PRAY

*I really enjoyed my time with **Dr. Rasche**. She provided the invaluable experience of getting to interview brand new patients and obtaining a full history, as I rotated with her when she was newly starting her practice. She had lots of teaching tips and tricks, plus she taught me a variety of resources to turn to in order to increase my resourcefulness during my fourth year. It was a great balance of MED student autonomy and guided learning, a highlight of my fourth year rotations!*

WHAT OUR STUDENTS ARE SAYING CONTINUED...

KUNAL PATEL

"Dr. Cook was one of my favorite preceptors to work with. From his passion for managing headaches and developing new techniques to do so, to his role as the primary care provider for his patients, Dr. Cook always worked hard to make the life of his patients easier. He was an amazing teacher by always remaining approachable and friendly, which allowed me to be honest about my own limitations when they came. Most importantly though, I had fun when I was in clinic with him."

SAM STINSON

"Truly this was a great rotation. Dr. Folkner is similar to the night's watch from 'Game of Thrones': one of a very few people who stands in a remote part of the country against the tide of disease. Underfunded and often underappreciated, she maintains the watch to protect those who would otherwise go unserved. Her sense of duty to her community is awe inspiring and has helped further my commitment to the Rural Scholar program. She also inspires confidence in my own clinical ability. By trusting me to see my own set of patients she allowed me to rise to the occasion, and having your preceptor believe in you is a great feeling. In addition to helping further my clinical knowledge, she was willing to talk about professional goals as well and provided invaluable advice. I don't have enough kind adjectives to describe Dr. Folkner, but I sincerely hope she remains a possible preceptor for future medical students."

PRECEPTOR DEVELOPMENT - MEDICAL STUDENT DOCUMENTATION

Learning to effectively and accurately document in the medical record is an important component of medical school education. We are excited to announce that the Centers for Medicare and Medicaid (CMS) has recently changed the way that medical students can contribute to the documentation of billable services. The revised transmittal, Pub 100-04 Medicare Claims Processing Manual, "allows the teaching physician to verify in the medical record any student documentation components of E/M services, rather than re-documenting the work."

Below is the revised statement, with an implementation date of March 5, 2018:

Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.

[CLICK HERE](#) for the UNC School of Medicine document "Operationalizing Recent Revisions from the Centers for Medicare & Medicaid Services (CMS) for practical applications of these changes.

[CLICK HERE](#) to access a sample attestation. MMA physicians should follow the guidelines outlined in the memo "Student Notes in the Electronic Medical Record" and Policy Number 2MS.ADM.1025 (01-00-25).

By following these guidelines, our hope is that the work flow of our preceptors will be improved and that medical students will gain an incredible amount from being able to contribute to patient care and the care team in such an integral and vital way.

For any questions regarding these changes, please contact Dr. Sandy Whitlock at sandra.whitlock@msj.org.

MASTER CALENDAR

[CLICK HERE](#) to view a copy of the 2018-19 Master Calendar

INTRODUCING OUR NEW THIRD YEAR (APPLICATION PHASE) STUDENTS



These students joined us for orientation at the end of February and will be on our campus for their core year of clinical education through next year.

MOVING ON TO 4TH YEAR (INDIVIDUALIZATION PHASE)



Congratulations to our new 4th year students who celebrated with an end of year Application Phase party on February 22nd.

MATCH 2018

Lauren Cox	Ob-Gyn	Virginia Commonwealth University Health System Richmond, VA
Taylor Fie	Internal Medicine	University of Virginia Charlottesville, VA
Joe Gitt	Family Medicine	Wake Forest Baptist Medical Center Winston-Salem, NC
Conner Graham	Emergency Medicine	Greenville Health System University of South Carolina Greenville, SC
Haley Holway	Family Medicine	Stanford University San Jose, CA
Malcolm Jefferson	Surgery	University of North Carolina Hospitals Chapel Hill, NC
Hannah Jones	Ob-Gyn	Vidant Medical Center East Carolina University Greenville, NC
Michaela McCuddy	Family Medicine	University of Minnesota Medical School Minneapolis, MN
Matt Meyers	Internal Medicine	Vanderbilt University Medical Center Nashville, TN
Mike Mian	Emergency Medicine	Alameda Health System Highland Hospital Oakland, CA
Marquis Peacock	Psychiatry	University Texas Southwestern Medical School Dallas, TX
Jon Pozner	Emergency Medicine	University of Virginia Charlottesville, VA
Lindsey Rose	Family Medicine	Carolinas Medical Center Charlotte, NC
Aaron Brad Thompson	Family Medicine	Cone Health Greensboro, NC
Eleanor Saunders	Medicine-Primary	New York University School of Medicine New York, NY
Eric Tran	Psychiatry	Mountain AHEC Asheville, NC
Karli Gast Woollens	Family Medicine	Utah Healthcare Institute Salt Lake City, UT
Lyman Woollens	Family Medicine	Utah Healthcare Institute Salt Lake City, UT