



Preceptor Manual

Clerkship Rotations - Years 3 & 4

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Table of Contents

Mission & Vision	2
Faculty Appointments	3
Preceptor Responsibilities	3
Policy and Statement of Non-Discrimination	4
Conflict of Interest	4
Faculty Development	4
Health Sciences Library	5
Family Educational Rights and Privacy Act (FERPA)	6
Health Care at Remote RACs	6
Supervised Patient Care	7
Sex Discrimination and Harassment (Title IX)	8
Centers of Medicare and Medicaid Services Guidelines for Teaching Physicians, Interns, & Residents	9
How to be an Efficient and Effective Preceptor:	10

Mission & Vision

Our Mission

Burrell College of Health Sciences educates a diverse osteopathic physician and healthcare workforce committed to improving the quality and access to healthcare in underserved communities.

¡Para la gente y el futuro! For the people and the future!

Our Vision

The Burrell College of Health Sciences will be celebrated for preparing culturally competent healthcare professionals dedicated to serving the Southwest, particularly among its Native American and Hispanic populations, and further extending locally and nationally to all underrepresented communities served by the College.

This manual is for clinical preceptors. It supplements the Faculty Handbook for Burrell College of Health Sciences School of Osteopathic Medicine (BCSOM) and is intended to provide additional information regarding policies and procedures that govern the conduct of clinical clerkships. The Faculty Handbook Website provides access to detailed information that is essential to sustaining the integrity of the academic programs of the College and should be used in conjunction with the information provided herein.

The Faculty Handbook of the BCSOM may be found at:

<https://burrell.edu/faculty-handbook/>

Faculty Appointments

Formal faculty appointment is required for individuals designated to hold a faculty title and is conferred through an official letter of appointment. Preceptors supervising required third-year core clinical rotations are appointed as Clinical Adjunct Faculty in accordance with institutional procedures.

Preceptors supervising fourth-year elective or non-core clinical experiences may be approved through the College's credentialing process without a faculty appointment. Such approval authorizes participation in student instruction but does not constitute a faculty appointment.

Please contact the Office of Faculty Affairs with any questions about appointment or your credentialing file at facultyaffairs@bcomnm.org.

You may also contact us directly:

Gabor Szalai, PhD, Assistant Dean of Faculty Affairs: gszalai@burrell.edu

Lahri Singh, Credentialing Coordinator: lsingh@burrell.edu

For an overview of the faculty appointment process including rank and promotion please refer to the Faculty Handbook at:

<https://burrell.edu/faculty-affairs/faculty-handbook/>

Preceptor Responsibilities

- Conduct a student orientation at the start of each clerkship rotation.
- Review rotation expectations and responsibilities with each student on the first day of the rotation.
- Provide hands-on learning opportunities and increase student responsibilities throughout the clerkship rotation.
- Use course objectives to guide student learning and assessment.
- Review attached medical student patient care duties permitted and prohibited task list.
- Provide regular and meaningful feedback to each student throughout the clerkship rotation.
- Conduct a mid-rotation and end-of-clerkship evaluation for each student. Review the mid-rotation evaluation with the student for feedback.
- Communicate as appropriate with BCSOM Clerkship Chairs and Office of Clinical Education personnel.
- Engage office staff and allied health professionals to encourage a team approach to teaching.
- When possible, provide the student with internet, electronic medical records, and a working space.

Policy and Statement of Non-Discrimination

The College does not discriminate in the conduct of its academic programs on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, national origin, age, disability, genetic information, religion, marital or veteran status in its educational programs, activities, admission, or employment policies and practices. The College further extends its non-discrimination policies to such other protected classes as may be identified and defined by statute.

Anyone observing discriminatory actions by students, faculty, or staff of the College or anyone who believes they have been the object of such discrimination or any discriminatory practices by the College or its affiliates should notify the Office of Institutional Effectiveness. Any allegation of discriminatory practice will be investigated. The reporting individual may remain anonymous and file such reports without fear of retaliation.

Policies of the College with regard to non-discrimination including a discussion of procedures attendant to these policies may be found at:

<https://burrell.edu/policy-b1040/>

Conflict of Interest

In no instance will a provider of health services be requested, required, or permitted to provide an academic assessment or academic decision regarding a student for whom such care has been given unless the provision of care was deemed urgent, and no other qualified provider was available. This policy may be found online at:

<https://burrell.edu/policy-b9070/>

Preceptors should disclose any perceived or actual conflict of interest to the Office of Clinical Education.

Faculty Development

The College appreciates that each preceptor brings experience in providing high quality, evidence-based health care to the community and a willingness to model these skills for the next generation of physicians. However, few physicians have been formally trained in education. In order to advance clinical teaching skills, the college makes available a number of faculty development opportunities. Online resources and face-to-face workshops at the main campus and the Regional Academic Centers locations are available to support preceptors in their teaching roles with medical students.

Links to preceptor faculty development resources can be found on the college's website (burrell.edu) under the Preceptor tab in the section titled Preceptor Tools. Additional faculty development resources can be accessed from the Faculty Development page under the Faculty Affairs tab. For practical guidelines on teaching students in clinical rotations, please read the short article by Biagioli and Chappelle, "How to be an Efficient and Effective Preceptor" included at the end of this manual.

Please contact the Office of Faculty Affairs (facultyaffairs@bcomnm.org) with any questions. Faculty Affairs will periodically ask you to complete a survey to assess your faculty development needs.

The syllabi can be accessed on the College's website: <https://burrell.edu/school-of-osteopathic-medicine/clinical-education-3rd-4th-year/curriculum/>

Library

The Burrell College of Health Sciences Medical Library provides access to resources that are relevant to biomedical sciences, clinical medicine, and medical humanities. Library services that support research activities, evidence-based practice, and professional development are also available to Preceptors.

What databases are available?

In addition to collections of thousands of electronic books and journals, the library offers high-quality databases, practice guidelines, drug monographs, medical images, and patient handouts. The more popular e-resources include:

AccessMedicine	Clinical Key	Medline Complete
Bates Visual Guide	DynaMed (point of care resource)	PsychiatryOnline Premium w/DSM-5
Case Files Collection	LWW-Clerkship Collection	TripPro – Clinical Research Evidence
CINAHL (New Resource July 2026)	LWW-Osteopathic Collection	VisualDX (with Derm Expert)

First Step: Ensure that you have Burrell College credentials.

For help setting up your credentials or resetting your password, please contact the Burrell College IT Department at helpdesk@burrell.edu, or call 575-674-2390.

Where and how can I access library resources and services?

- Visit the library [homepage](http://library.bcomnm.org) at <http://library.bcomnm.org>
- *Information tailored specifically for preceptors, including how to set up electronic access to library resources, is available on the [Preceptor Resources subject guide](https://library.bcomnm.org/preceptor_resources) at https://library.bcomnm.org/preceptor_resources*
- If you're interested in an article and having trouble locating or accessing it in our library resources, use the request embedded request button in some of our databases or go directly to our [Document Delivery Service](#). If you encounter any issues, please [contact us](#). We are happy to help!
- If you need assistance beyond library resources and services, please contact Faculty Affairs at facultyaffairs@bcomnm.org or call: (575) 674-2381.

What restrictions govern the use of resources?

Use of the library's information resources is subject to copyright and contract law. Faculty, students, and residents are expected to observe usage restrictions, which vary from resource to resource. Only authorized users may access licensed resources, and authorized users may not share usernames and passwords with others. Links to terms and restrictions are typically found on the introductory pages of the databases, and we encourage you to contact us with any questions. Please be aware that systematic downloading of extended portions of resources is prohibited.

What other services are available and whom do I contact?

Reference assistance is available to all users. You may schedule a phone call or virtual session with us if you would like to learn more about the library in general or any of our specific resources and services. Here's how to contact us:

Library Service Desk: (575) 674-2347 library@burrell.edu

Trey Lemley, Library Director: (575) 674-2346 tlemley@burrell.edu

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act of 1974, (FERPA), as amended, is a law that protects the privacy of student education records. Student educational records are considered confidential and may not be released without the written consent of the student. Preceptors have a responsibility to protect education records in their possession. An education record is a record from which a student can be personally identified and is maintained by the College. This includes records such as grades, rosters, and evaluations. Students have the right to inspect all official records which pertain to them and to challenge inaccurate or misleading information.

All student academic information is considered confidential except the following examples of “directory” information available to the public: student’s name, address, telephone number, date and place of birth, major field of study, dates of attendance, degrees and awards received, photographs, educational institutions attended, enrollment status, cohort classification, college and alternate e-mail addresses, leadership participation in officially recognized activities and graduate medical education placement. Students may waive the right of nondisclosure, allowing access to their records by anyone who has a completed copy of the waiver form. The waiver form is effective through the student’s graduation or until the student designates otherwise. The student may request, in writing to the Registrar, that directory information not be released.

Preceptors must keep all student information confidential and secure. Avoid displaying student scores, grades, or evaluations publicly in association with names, student ID numbers or other personal identifiers. Students should not have access to scores and grades of other students. Do not share personal information regarding student performance or other prohibited information, such as grades and evaluations, with other students, colleagues or professional staff that are not directly engaged in the student’s educational experience.

For further information regarding compliance with FERPA, please contact the College’s Office of Registrar:

Eric Sandoval
Registrar
575-674-2232
registrar@burrell.edu

Health Care at Remote RACs

The College has arranged for all students to have access to TimelyCare Telehealth, a student assistance program that provides 24/7 confidential access to a full range of physical and behavioral telehealth services. Information regarding RAC providers may be obtained from RAC coordinators or found online at the college’s website:

<https://burrell.edu/students/health-services/>

Providers who establish a patient care relationship with a student may not render an academic assessment of that student. It is the student’s responsibility to notify the Office of Clinical Education or their RAC coordinator if they are inadvertently assigned to a provider who has participated or is currently participating in their health care.

Supervised Patient Care

Medical students are required to participate in patient care activities throughout the course of the curriculum. Supervised patient care activities are described in individual course syllabi and occur at a number of different locations where patient care is provided. The College determines the learning objectives of each activity and assure that objectives can be reasonably achieved at the assigned venue. The clinical site and supervising faculty, however, retain the authority to stipulate the degree of student involvement in patient care activities. Students must comply with all of the general and specific rules established for health care delivery by the hospital, clinic or facility at which they are being trained.

A medical student is not legally or ethically permitted to practice medicine or assume responsibility for patient care. A student may be involved in assisting in the care of a patient, but only under the supervision of a licensed health care provider. The attending provider is responsible for the medical care of the patient. A student may not administer therapy or perform procedures, except under the supervision of a licensed provider (preceptor) working within the recognized scope of their training. Depending on the nature of the service being provided, the preceptor will ascertain the student's competence and degree of participation. The preceptor or qualified designee shall always be immediately available to the student when patient care is being provided. Patient interview (history taking) and physical examination may be performed without the preceptor in the room if the student is so directed. Students must have a chaperone in the room for sensitive examinations, treatments or procedures involving breasts, genitalia and rectum. These exams should employ appropriate disrobing and draping procedures that respect the patient's privacy. Such examinations shall only be performed with the knowledge and consent of the supervising physician and permission of the patient. It is also recommended that chaperones are present whenever the student is uncomfortable with a patient's behavior in conjunction with performing a sensitive examination. A clear explanation of the nature of any examination or treatment must be given to the patient.

Sex Discrimination and Harassment (Title IX)

The College is committed to responding promptly when it learns of any form of possible discrimination based on sex. The U.S. Department of Education's [Office for Civil Rights](#) (OCR) enforces, among other statutes, Title IX of the Education Amendments of 1972. Title IX protects people from discrimination based on sex in education programs or activities that receive Federal financial assistance. Title IX states that:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

All students must be able to live, study and learn in an environment free from sex discrimination, sexual harassment, sexual violence and gender discrimination. Please see the [USDE Title IX regulations](#) (Volume 34, Code of Federal Regulations, Part 106) for additional information about the forms of discrimination prohibited by Title IX. The policy and procedures pertaining to Title IX may be found on the College's website:

<https://burrell.edu/students/title-ix/>

Burrell College will remove any individual from participating in its educational programs who is found to be in violation of this statute. For assistance related to Title IX or other civil rights laws, please contact the college's Title IX Coordinator:

Teresa Garcia, MBA Title IX Coordinator
575-674-2247 |
tgarcia@burrell.edu

Centers of Medicare and Medicaid Services Guidelines for Teaching Physicians, Interns, & Residents

The Centers for Medicare and Medicaid Services (CMS) have established documentation guidelines for fee-for-service providers engaged in the training of students, interns, and residents in clinical venues. In general, a provider cannot bill for services provided by a student. However, students can provide certain documentation in the medical record on behalf of the provider thereby expediting the patient encounter. The following revision became effective in March of 2018:

E/M Documentation Provided by Students

Any contribution and participation of a student to the performance of a billable service (other than review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or the physical presence of a resident in a service that meets the requirements in this section for teaching physician billing. 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 and may verify any student documentation of them in the medical record rather than re-documenting this work.

In summary, a student may document the history and physical exam in the medical record but the billing provider (or resident in a primary care continuity clinic) must provide a written verification of the findings and personally perform the physical examination elements that are being verified.

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How to be an Efficient and Effective Preceptor:

It is possible to do the important work of precepting students and still get home in time for dinner

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“Students slow me down” and “Students take too much time” are common complaints of precepting physicians, and yet some physicians have endless energy for teaching and are able to maintain their clinical productivity. What do these doctors do differently?

We held five professional seminars in 2007 and 2008 to talk with experienced physicians from health education programs across the United States about their precepting experiences. We collected and analyzed the suggestions that emerged in search of common themes. Doing so made it clear that physicians should focus on six areas to be efficient and effective preceptors.

1. Establish a teaching environment

A positive teaching experience begins with an appropriate match between student and preceptor. Make sure the educational programs you work with know your personality and work-style preferences. The programs should also know the makeup of your practice, such as patient population, and the learning experiences you can offer students, such as different types of procedures.

Once the program has matched you with a student, you and your staff will need to address a number of logistical issues.

First, your scheduling template may need to be revised to maximize clinical efficiency and quality teaching. There are several ways you can do this:

- Book urgent care visits and complex visits simultaneously. You can conduct one or more brief visits while the student sees a patient with more complex problems.
- Block 15 minutes of your schedule in the morning and afternoon to allow time for student review and teaching.
- Double-book your first appointment and block your last appointment. This allows you and your student to start seeing patients at the same time, and it provides catch-up time at the end of the day.

At the beginning of each day the student is in the office, review the schedule and consider which patients you would like to include in the student’s schedule. Have the staff member rooming the patient ask whether it is OK if a student conducts the visit. Use positive phrasing like, “Your physician is teaching a student. Is it OK if the student sees you first?”

These selections should be based on patient and visit type and the student's educational needs. Some patients take forever even for preceptors, so they may not be appropriate for beginning students, but patients who need or desire more in-depth interactions may be ideal for students. Students can help set up appointments for these patients, arrange needed ancillary services and explain their test results.

When possible, plan any follow-up appointments with these patients for a day when the student is in the office. This continuity gives students the opportunity to discover whether treatment plans they helped develop are working. In addition, some patients may appreciate the extra attention and enjoy seeing the student's educational growth.

When selecting patients, you should also consider what the student is currently learning. Ask, "What are you studying now? We'll try to find a patient with that system issue."

Ultimately it is important for both preceptor and student to be flexible. Occasionally you may need to ask the student to do other work while you see several patients in a row, because of the nature of the visits or because you need to catch up.

It is also important to provide students with a work-space that includes a desk and a place for personal items. Prior to the student's arrival, arrange for the student to have a computer workstation and access to patient records, including log-in information for electronic health records as needed.

Ask a staff member to orient the student on his or her first day. The student will need to know where to park and be introduced to the staff and the office space. Orientation should include time to attend to administrative details, such as computer training and obtaining a security badge.

2. Communicate with everyone involved

Communication is key to ensuring a successful teaching arrangement. It is essential that you express your expectations and goals to students, their educational program and your fellow clinicians and staff members. Prior to the student's arrival at your practice, the program should describe the student's skill level and explain what it expects the student to learn from the experience in your office.

Students and preceptors should communicate early and frequently regarding expectations, goals, and learning and teaching styles. This saves time and prevents frustration. Soon after the beginning of the rotation, start talking with students about their progress and the extent to which they are meeting their educational goals. Have students keep track of what types of patients they have seen and which procedures and clinical activities they have seen and done, such as taking a patient's history and providing patient education. You should ask, "Is there any type of patient we need to have you work with today?" This helps students focus on their goals and helps you focus on meeting their needs. Ask questions that elicit reflection, such as, "What did you learn today?" These discussions could direct future sessions or independent research topics.

Feedback is necessary for evaluation, and it can prevent repetitive, time-wasting mistakes. Be sure to provide students with continuous feedback, and ask them about their experience with questions such as, "Is there a different way that I could teach to help your education?" Preceptors who have any concerns about students should immediately contact the student's educational program.

Because students become part of the clinical team, it is essential that preceptors and students communicate with fellow clinicians and staff members. Preceptors should begin with the attitude that students add value to the practice. This approach will then likely spread to physician partners and clinic staff, and students will be more likely to make significant contributions. Ensuring buy-in from partners and clinic staff will save time for everyone by preventing misunderstandings and duplication of effort. Supportive colleagues can also enhance the student's educational experience. Be sure to let your colleagues know if the student needs experience with certain procedures or diseases. You could say something like, "The student needs more work with diabetic patients. Could you let us know if you see any opportunities for that today?"

3. Tailor your teaching to the student's needs

It is important to adapt your teaching to each student's educational needs, goals and learning style. Doing this boosts the quality of the student's education and helps you to remain efficient. You should assess the student's strengths and weaknesses early on by observing the student's interactions with patients. Then adjust your approach as needed based on your findings.

Your teaching method may also be influenced by how much time and how many exam rooms you have. Here are some suggestions for ways the two of you might share patient visits and structure learning opportunities:

- Observe the student for an entire patient visit. Create your note while the student takes the history, and ask additional questions or assist with the exam as necessary.
- See the patient after the student presents the history to you but before the exam is completed. Assist the student with the exam or demonstrate. Medicare's billing and coding rules permit students to document the review of systems and past, family, and social history. A student-documented history of the present illness must be "verified and redocumented" by the preceptor, according to the Centers for Medicare & Medicaid Services' *Claims Processing Manual*, Chapter 12, Section 100 (see "Medicare's Student Documentation Rules" on page 00).
- Take the history while the student listens, and have the student perform the exam while you observe. The Medicare guidelines require that you "perform and redocument the physical exam."
- Have the student observe an entire encounter between you and a patient. This is especially beneficial if you have the opportunity to demonstrate specific interviewing or exam techniques.
- Use the classic teaching method if time allows. Have the student see the patient, leave the exam room and present to you, then return together to see the patient. Alternatively, you might have the patient present to you in front of the patient. In either case, you should give the student time to process the patient's information before presenting. This method can be time-consuming, but it allows the student autonomy other styles may not achieve. If there are sufficient exam rooms, you can see other patients while the student is conducting the visit and formulating a plan.

First, make your practice a teaching environment. Altering your appointment template will help you accomplish this.

Communicate with all parties involved to help ensure success.

Tailor how you teach according to the student's educational goals, needs and learning style.

4. Share teaching responsibilities

Students don't need to spend every minute of the day with you to advance their education. Preceptors, partners, staff, patients and students themselves can all be part of the teaching team. For example, students can learn different exam techniques from your partners, or phlebotomy from ancillary staff. They can also "teach themselves" by building clinical knowledge through independent research. Opportunities like these can enrich the students' experience while enabling you the flexibility you may need to work independently. Here are some additional ways to get other members of the teaching team more involved:

- Ask nurses and medical assistants to teach students to administer injections, perform lab tests, obtain ECGs, complete blood draws, etc.
- Ask office staff to orient students to the business side of family medicine.
- Ask other physicians for help. If they are receptive, you might even consider rotating preceptors daily, weekly or monthly.

Here are some ways to encourage the student to be more involved:

- Have the student teach you more about a subject you'd like to study. You could say, "I don't know much about this disease. Would you read up on it and teach me before our next clinic? Be sure to include your resources."
- Know when to answer a student's question and when to have the student find the answer on his or her own. Encourage self-directed learning. Give students examples of what to do when they aren't with you, such as start the next visit, review a chart or look up a question.
- Have students create or update patient information resources (e.g., standard one-pagers on common issues). Preceptors can share these student-made resources with patients and future students.

5. Keep observation and teaching encounters brief

Dividing observation and teaching into short, focused time segments helps fit precepting into a busy schedule. Observing student history-taking or exam skills in two- or three-minute segments enables you to assess ability and progress without getting behind on patient care. Teaching can be broken into short, focused interactions as well. Not everything can or should be taught all at once; concepts are often best reinforced with repetition. Students are more likely to benefit from small amounts of information linked directly to patient problems rather than large amounts on general topics. Try these tips:

- Don't lecture on every patient visit. In fact, you may not need to lecture on any of them. When you do teach concepts, emphasize key points and avoid lengthy discussions.
- Give feedback on individual exam skills. For example, focus only on the student's ear, nose and throat exam for one week.
- Teach portions of a procedure over time. For example, have students provide a patient's digital block/lidocaine injection one day and remove another patient's toenail on a different day.
- Focus on one aspect of a patient encounter. For example, for a patient who complains of shortness of breath, ask the student to focus on the HPI; for a patient who has asthma, focus on patient education; for a patient with a new rash, focus on the physical exam.

6. Broaden student responsibilities

Expanding students' responsibilities maximizes their educational experience and fully utilizes their skills in patient care. When you think the student is ready to do more, try these ideas:

- Have students document their reflections after seeing a patient and summarize learning points.
- Ask students to look up answers to patient questions. For example, during a patient visit you might say, "Mrs. Smith, I don't know the answer, so our student will look that up, and we will get back to you this week." After the student has found the answer and discussed it with you, have the student call the patient or send the answer via e-mail.
- Review patient test results and treatment plans with the student, and then have the student call the patient to give test results and follow-up instructions. Chart or complete other paperwork next to the student during the call so that you can verify the accuracy of the message and give feedback as needed.
- Have students facilitate ancillary services (make necessary phone calls to the lab, communicate with therapists, etc.).
- Have students provide patient education and direct patients through the rest of the office visit while you move on to the next patient.
- Have students help improve chart details. Students can sit with patients to review and update medication lists, preventive screening schedules, histories and problem lists. When you see the patient, you should quickly review the student's notes with the patient.
- Give students clinical tasks such as administering questionnaires or helping with blood draws.
- Have students assist with patient flow by rooming patients and taking vital signs.

As you expand the student's responsibilities, be sure not to repeat tasks you've entrusted him or her to do, unless billing and coding guidelines require it. In such cases, you can confirm and clarify: "Mrs. Smith, my student tells me that your headaches began about one week ago. Is this correct?"

Make sure students contribute to the top of their ability level. The more responsibility a student can take on, the more he or she can contribute to patient care. This makes the student more valuable to you and the clinic, and makes the experience more valuable to the student.

A final note

Some of these suggestions may not apply to every practice setting. Preceptors and practices should consider which strategies work best for them. We hope this article will supply physicians with a pearl or two that will boost their clinical productivity while doing the important work of training future family physicians.

Ask members of your staff and other physicians to help you teach the student.

Keep teaching and observation segments short and focused.

Expanding students' responsibilities fully utilizes their skills in patient care.

MEDICARE'S STUDENT DOCUMENTATION RULES

Follow these guidelines when working with students.

“Any contribution and participation of a student to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements set forth in this section for teaching physician billing. Students may document services in the medical record. However, the documentation of an E/M service by a student that may be referred to by the teaching physician is limited to documentation related to the review of systems and/or past family/social history. The teaching physician may not refer to a student’s documentation of physical exam findings or medical decision making in his or her personal note. If the medical student documents E/M services, the teaching physician must verify and redocument the history of present illness as well as perform and redocument the physical exam and medical decision making activities of the service.”

MORE ON THE *FPM* WEB SITE

Check out the online version of this article at <http://www.aafp.org/fpm/2010/0500/p18> where you’ll find printable tables in a handy format that contain much of the helpful tips and advice found in the article.