

West Texas AHEC Scholars Rotation Log Instruction Sheet

- **Student and Preceptor** – Please read the instructions and rotation log sheets prior to completion.
- **All Rotation/Preceptor Sites shall be in a Rural or Medically Underserved Area, or serve a Medically Underserved Community/Population, and all rotations shall be team-based, where IPE is practiced.**
- **Complete one Rotation Log per Rotation/Preceptor Site. Do not combine Rotation Sites on one Rotation Log.**
- **Please complete all sections to the best of your ability, by typing or writing neatly.**
- **Line 1** - Student's full name. The AHEC Cohort/Year field is obtained from your local AHEC Coordinator.
- **Line 2** - The Preceptor is the Rotation Site Supervisor. This is the person overseeing or conducting the clinical training rotation, and signing off on completed hours. The Preceptor Title is the credentials or title of the Preceptor.
- **Line 3** - The Rotation/Preceptor Site is the name of the location where the clinical training is taking place.
- **Line 4** - Facility Type will be the type of site used to train the individual. This can be a number of options. Most commonly, Hospital, Clinic, Acute Care Services, Emergency Room, Nursing Home, Physicians Office, VA, Assisted Living, etc. For a complete list of options please contact your local AHEC Coordinator.
- **Line 5** - The Rotation/Preceptor Site Address is the actual location of the rotation. Please include the full address, including zip code and +4 zip code extension. <https://tools.usps.com/zip-code-lookup.htm?byaddress>
- **Line 6** - Rotation/Preceptor Site County is the County in which the Rotation/Preceptor Site is physically located.
- **Table** - Complete the table for Rotation Dates, Times, and Hours by following the examples in the titles. If not completing whole hours, round down to the nearest half hour, and use only half or whole hours in each day's total.
- **Line 8** –Combine the hours from the table and round the hours **DOWN** to the nearest whole number. Enter the total hours for this specific rotation on the designated line.
- **Line 9** - If the student received clinical or experiential training in a **Primary Care Setting**, where patients are seen by their Primary Care Physicians, please type or write the total whole hours of training on the designated line. If the student received clinical or experiential training in **Telehealth**, enter the total number of hours spent offering telehealth services, and/or participating in training about how to offer telehealth services, please type or write the total whole hours of telehealth training on the designated line.
- **Line 10** – Upon completion of rotation hours, and not before, the Preceptor shall hand sign and date on the lines provided, attesting to the completion and accuracy of the training hours reported.
- **Page 3 – Interprofessional education** - Please identify and select, or write, one student healthcare discipline, other than that of the Scholar's current discipline, of a trainee you observed participating in clinical training at the same Rotation Site during this rotation.
- **Page 3 - # of Participants** - Please estimate how many trainees, of the discipline you identified, that rotated at the same Rotation Site during this rotation, and enter the number on the line provided.
- **Page 3 – HHS Priority Topics** – U.S. Department of Health and Human Services clinical priorities of the AHEC Scholar Program. Please select all that apply to the training the student received during this rotation.
- **Page 3 – Social and Academic Support Services** – Check all that apply to services the student participated in during their AHEC Scholar Program experience.
- **Signatures - *IMPORTANT** - Upon completion of the rotation, the Preceptor shall hand sign and date, the 2nd page, and the Student shall hand sign and date the 3th page of the document, attesting to the completion and accuracy of the training, and number of training hours reported.

Upon Completion – Scan and email, or physically submit, Pages 2 & 3 of the West Texas AHEC Scholars Rotation Log to your local AHEC Coordinator or Director for verification, approval, and upload.



West Texas AHEC Scholars Rotation Log

Student Name: _____ AHEC Cohort/Year: _____

Preceptor: _____ Preceptor Title: _____

Rotation/Preceptor Site: _____

Facility Type (Hospital/Clinic/etc.): _____

Rotation/Preceptor Site Address: _____

Rotation/Preceptor Site County: _____

List Rotation Dates and Times (please round down to the nearest half hour):

*30 minutes = 0.5 hours

Date (MM/DD/YYYY)	Times (Start-End)	Hours (0.0)	Date (MM/DD/YYYY)	Times (Start-End)	Hours (0.0)

Total Whole Rotation Hours (round down): _____

List whole hours of training in the following (See Line 9 of the instruction page):

Training hours in a Primary Care Setting: _____ Training hours in Telehealth: _____

Preceptor Signature: _____

Date: _____

INTERPROFESSIONAL EDUCATION (IPE) occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

Example: Most clinic and hospital rotations already have an interprofessional environment because you could have an MD, Nurse (LVN, RN, or NP), PA, Pharmacist, Social Worker, and/or a CHW. This would be considered an interprofessional environment.

****All rotations are IPE in nature and should be indicated as such.***

Please select one additional STUDENT HEALTHCARE DISCIPLINE, other than that of the Scholar's, of another non-scholar trainee, that rotated at the same Rotation Site. (Check ONE. If one from the list doesn't apply select Other, and identify on the line provided.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Medical School | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Nurse Practitioner (NP) |
| <input type="checkbox"/> Dental School | <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Licensed Vocational Nurse (LVN) |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Clinical Social Work | <input type="checkbox"/> Other (Please identify) _____ |

Approximately how many of the above discipline participated during this rotation? _____

Select HHS Priority Topic Areas the student received training in (Check all that apply):

- ☐ Individual received provider resilience training
- ☐ Individual received training in Health Equity
- ☐ Individual received training in medications for opioid use disorder (MOUD)
- ☐ Individual received training in substance use treatment
- ☐ Individual received training on integrated behavioral health in primary care
- ☐ Individual received training related to maternal health
- ☐ None of the above

Please select the following based on your entire AHEC Scholar Program experience:

Select Social Support Services used by the student (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Faculty or staff led counseling sessions | <input type="checkbox"/> Other social support services |
| <input type="checkbox"/> Peer support advisors | <input type="checkbox"/> Peer support groups |
| <input type="checkbox"/> Service learning opportunities | <input type="checkbox"/> None of the above |

Select Academic Support Services used by the student (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic coaching | <input type="checkbox"/> Academic support program | <input type="checkbox"/> Faculty or staff led advising sessions |
| <input type="checkbox"/> Group tutoring | <input type="checkbox"/> Individual tutoring | <input type="checkbox"/> Other academic support service |
| <input type="checkbox"/> Study skills training | <input type="checkbox"/> Time management training | <input type="checkbox"/> None of the above |

Student Signature: _____

Date: _____