

**HSC at Fort Worth
School of Health Professions
Department of Physician Assistant Studies**

**Supervised Clinical Practice
Experience (SCPE)
Preceptor Handbook**

Class of 2025

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Table of Contents

Introduction.....	6
Goals of the Clinical Year	6
Definition of the Preceptor Role	6
The Preceptor–Program Relationship	6
The Preceptor-Student Relationship	6
Title IX.....	7
Site Visits	7
Preceptor Responsibilities	7
Supervision of the PA Student	8
Orientation and Communicating Student Expectations.....	9
Preparing Staff	10
Preceptor Development Resources.....	10
Teaching Guidelines for the Preceptor.....	10
Informed Patient Consent Regarding Student Involvement in Patient Care.....	12
Documentation	12
Medicare Policy.....	13
Prescription Writing	13
Expected Progression of PA Student.....	13
Student Responsibilities	13
Standards of Professional Conduct	14
Health and Technical Standards.....	14
Student Credentialing Requirements.....	1
Background Check & Drug Screening	1
Vaccines/Tuberculosis Testing	1
HIPAA.....	1
Basic Life Support (BLS) & Advanced Cardiac Life Support (ACLS).....	1
Sterile Technique.....	1
Student Health Care	1
Liability Insurance	3

Preceptor Benefits and Resources	3
Claiming CME	3
Graded Components of the SCPE.....	4
Preceptor Evaluation of the Student.....	4
Preceptor Evaluation of the Curriculum	6
Student Evaluation of the Preceptor	6
APPENDIX A	7
Expected Physician Assistant Competencies	7
Medical Knowledge	7
Interpersonal skills	7
Clinical Skills.....	7
Technical Skills	7
Clinical Reasoning and Problem Solving.....	7
Professional Behaviors	7
Societal Responsibility.....	8
APPENDIX B	9
End of Rotation Exam Information.....	9
End of Rotation Examinations.....	9
History Taking and Physical Examination	9
Diagnostic Studies	9
Diagnosis.....	10
Health Maintenance	10
Clinical Intervention	10
Clinical Therapeutics.....	10
Scientific Concepts	11

Introduction

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and our physician assistant (PA) students. The clinical experiences the student will obtain in your healthcare facility are of critical importance to a successful learning experience in the program. The clinical setting synthesizes concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing clinician. Thank you for your commitment to PA education.

Goals of the Clinical Year

The student will be able to integrate core curriculum knowledge base, professional behavior, and clinical skills necessary to provide evidence-based patient care during a Supervised Clinical Practice Experience (SCPE), or clinical rotation.

Definition of the Preceptor Role

Clinical preceptors play an essential role in the education of the next generation of physician assistants. They open their practices to students and spend time educating them on the proper clinical evaluation and treatment of patients. The preceptor is a role model for the student and, through guidance and teaching, will help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

The Preceptor–Program Relationship

The success of the clinical training of PA students is dependent upon maintaining communication between the student, PA program, preceptors, the DCE, and the clinical team. The program strives to maintain open faculty-colleague relationships with its preceptors. Problems that may arise during a rotation can often be resolved without unduly burdening the preceptor when appropriate program personnel are notified early. The DCE should be contacted by the preceptor regarding any questions or concerns about a student.

The Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the PA student and always adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment are discouraged while the student is enrolled as an HSC Fort Worth PA student. Learning activities outside of clinical hours (e.g. pharmaceutical dinners, etc.) should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter, Snapchat, LinkedIn, etc.) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be always maintained during the rotation, to include both the clinical setting and interactions outside of the office. Please consult the Director of Clinical Education (DCE) regarding specific school or university policies regarding this issue.

Title IX

“HSC Fort Worth is committed to ensuring an educational and employment environment that is free of discrimination and harassment based on sex. Title IX of the Educational Amendments of 1972 is the federal statute that prohibits discrimination based on sex. It reads: No person in the United States shall based on sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any educational program or activity receiving Federal financial assistance.” <https://www.unthsc.edu/title-ix/>. For HSC’s Title IX policies : [1.107 Title IX](#) and [5.106 Prohibition Against Discrimination, Sexual Misconduct, Harassment and Related Retaliation](#). For any questions, please contact the UNTHSC Title IX Office at TitleIX@unthsc.edu or at (817) 735-5919.”

Site Visits

The purpose of a site visit is to determine the adequacy of the site in meeting the overall PA program’s expectation for the student’s clinical experience and meets the ARC-PA accreditation standards. Site visits can occur either virtually or in-person with both the student and preceptor. For new clinical sites or preceptors, the initial site visit is typically conducted by the DCE, unless there is an extenuating circumstance in which a clinical team representative will be delegated by the DCE to conduct the initial site visit. Subsequent site visits are performed every 2 years to ensure that the clinical site maintains the PA program and ARC-PA accreditation standards. The subsequent site visits can be performed by any member of the clinical team or by PA Studies Faculty. From time to time, a clinical team member from the PA Program may visit the preceptor and student for an unscheduled visit. If possible, the faculty will notify the preceptor of the intent to visit, however, the student is not always notified.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This should be done informally with the student at a designated time twice weekly. Spend time with the student each week in a candid summary discussion as to whether each is meeting the other’s needs and expectations, and what changes need to be made in the roles and relationship. Feedback should formally be reported to the program in the form of end-of-rotation evaluations.
- Demonstrate clinical activities to aid in the development of clinical skills and ensure proper patient care.
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student’s experience and expertise.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Direct evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote learning.
- Dialogue with the clinical team during site visits to evaluate student progress and assist the learning process.
- Audit charts to evaluate the student’s ability to develop appropriate and complete progress notes,

histories, physical examinations, assessments, and treatment plans after each visit.

- Complete and promptly return the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation.
- Maintain an ethical approach to the care of patients by serving as a role model for the student.
- Model cultural competency through interactions with patients.
- Provide timely feedback to the student and the program regarding student performance.
- Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience.

Supervision of the PA Student

Review the *Preceptor Agreement* for responsibilities of the preceptor and the PA program. This form should be turned in prior to the student beginning the rotation.

During a student's time at the clinic or hospital, the preceptor **must** be available for supervision, consultation, and teaching. If the preceptor is unavailable, an alternate preceptor should be designated. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, PA or NP who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student, but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style. This can help students develop the professional personality that best fits them. In the case where preceptor supervision is not available, students may spend time with ancillary staff (radiology, lab, physical therapy, etc.), as these experiences can be very valuable as well. The preceptor should be always aware of the student's assigned activities.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. They are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. **However, every patient must be seen, and every procedure evaluated by the preceptor prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. The PA student will not be allowed to see, treat, or discharge a patient without evaluation and disposition by the preceptor.**

Before taking a student to additional sites that are not part of the preceptor's office (e.g. a nursing home, surgery center, or hospital, etc.) it is always best to consult with the Director of Medical Education or an administrator at the site. Some sites will require an Affiliation Agreement with HSC Fort Worth, while others may ask the preceptor to provide them with the student's identification and proof of HIPAA training. The PA Program is eager to help with these matters and welcomes any questions.

Please notify the clinical team when any of the following occur:

- Change in provider malpractice coverage.
- Reduction in work hours to less than 35 hours per week on a regular basis
- When an additional physician, PA or NP joins the practice.
- A change of schedule or cancellation of the rotation date(s)
- The preceptor will be gone more than two days, and no alternate preceptor is available.

Orientation and Communicating Student Expectations

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

Students are encouraged and asked to complete steps 30-60 days prior to the rotation beginning to ensure a productive first day of rotation. Students may contact you in advance regarding any administrative requirements, including obtaining a name badge and computer password, and completing any necessary paperwork, Electronic Medical Record (EMR) training, and additional site-specific HIPAA training, if needed.

If these requirements have not all been met prior to the start of the rotation, it is recommended that this is covered on the first day of the rotation.

Early in the clinical rotation, it is recommended that the preceptor and student establish mutual goals regarding what they hope to achieve. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations might include:

- Hours, including call/overnight/weekend/holiday.
 - Minimum of 40 hours per week
 - Weekends and holiday hours are permitted if the preceptor is working.
 - Students may be assigned to be on call along with their preceptor and may be called into work, particularly during surgical and inpatient rotations.
- Interactions with office and professional staff
 - Students are to be referred to as “PA Student (name).”
- General Attendance
 - Students are required to request and report all absences to the SCPE Faculty Course Director and DCE.
 - Students are granted excused absences by the DCE for personal and immediate family members illness/death, religious holidays and to attend PA professional meetings as needed.
 - ***The student may not ask the preceptor for time off*** unless approved by the DCE.
 - If a student anticipates missing clinical time for personal reasons, they should alert the DCE of the clinic absence.
- Participation during rounds and conferences is encouraged.
- Expectations for clinical care, patient interaction, and procedures
 - As appropriate for student skill and advancement in the clinical year
- Oral Presentations
 - Suggestions: Present at grand rounds or to office medical staff
- Written documentation
 - Medical record documentation
 - Electronic Medical Record if access is granted.
- Reading assignments
- Any additional assignments that the preceptor feels are necessary.

Many of our clinical sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students, with each “subsequent” student adding to a document that you as the preceptor maintain and edit.

Preparing Staff

The staff of an office or clinic play a crucial role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that administrative assistants, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

- Student's name
 - Students are to be referred to as "PA Student (name)"
- Student's schedule (when they will be in the office)
- Student's expected role in patient care
- Expected effect of the student on office operation:
 - Will fewer patients be scheduled?
 - Will the preceptor be busier?
- How patients will be scheduled for the student

Preceptor Development Resources

PAEA's Committee on Clinical Education created a set of one-pagers for preceptors to help streamline and enhance this essential experience:

- Incorporating Students into Patient Care/Workflow
- The One-Minute Preceptor
- Ask-Tell-Ask Feedback Model
- SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education
- Introducing/Orienting a PA Student to Your Practice
- Tailoring Clinical Teaching to an Individual Student

The one-pagers are available on the PAEA website: <https://paeaonline.org/how-we-can-help/faculty#clinical>. They combine some of the committee's own resources with the best precepting practices outlined in the literature.

Teaching Guidelines for the Preceptor

Before the Student Arrives:

- Inform the office there will be a PA student joining the clinic for four weeks.
- Discuss the student's role with staff.
- Review the Preceptor Handbook
- Review the syllabus appropriate to the SCPE specialty.
- Consider how to best assist the student in achieving the learning objectives through:
 - assigned reading.
 - formal and informal case presentations
 - schedule or impromptu periodic discussions
 - other activities as deemed appropriate by the preceptor.

- Become familiar with the student performance evaluation criteria.
- Determine who will instruct the student on the use of the Electronic Medical Record
- Specify arrival time to clinic, typical workday routine, and dress code.

Day 1 of the clinical rotation:

- Introduce the student to other providers and office personnel.
- Clarify expectations while on this clinical rotation.
- Establish how to document patient data (i.e. handwritten notes, EMR, dictation)
- Orient the student to the operations of the office.
- Review how and when teaching and feedback will occur.
- Allow the student to shadow for a short period to observe provider style and patient interaction.

During the rotation, the preceptor will:

- Expose the student to all the things the preceptor does as a physician, PA, or NP and as a member of the community.
 - How to relate to other specialist and medical professionals
 - How to keep up on medical knowledge
 - The provider's role in the hospital and other settings
 - Provider participation in professional organizations
 - Provider civic and community activities
- Require the student to observe the performance of various clinical/surgical skills.
 - Taking a focused history
 - Performing an examination
 - Performing a procedure
 - Counseling a patient
- Provide opportunities for the student to see patients prior to the preceptor seeing the patient.
 - Take the history.
 - Perform the examination.
 - Form their own impressions about diagnosis.
 - Generate a management plan.
 - Present the patient to the preceptor.
 - Write the orders (*with the preceptor reviewing the orders immediately after*)
 - Write the prescription (*with the preceptor reviewing the prescription immediately after*)
 - Arrange for follow-up.
- Provide clear expectations for the clinical encounter.
 - "Prime" the student by providing pertinent patient specific background information, i.e. "Mrs. Jones is a healthy 28-year-old woman and is here for her yearly examination. Based on her age, what are the important screening recommendations to be covered?"
 - "Frame" the visit by focusing on what should be accomplished at this visit and how long it should take, i.e. "This patient has several medical concerns, but today I'd like you to focus on caring for the patient's diabetes. Spend 15 minutes taking the history and then come find me."
- Set "mini goals" throughout the rotation that build the confidence of the student and set a foundation for larger and long-term goals.
 - History for a few patients (or days)
 - History and physical (H&P) after mastery of the history alone
 - H&P and differential diagnosis after mastering the H&P, etc.
- Consider strategies to enhance the student's active learning experience.

- Have the student present the case in front of the patient in the examination room.
- Encourage collaborative examinations.
- Use the technique of active observation, i.e. “Let’s counsel this patient about smoking cessation. Watch my approach. I’d like you to review this (brief chapter or paper) and try to counsel the next patient with this problem.”
- Expose the student to service-based education.
- Have the student keep notes of questions to be discussed at the end of the day.
- Have the student engage in “self-directed (independent) learning.”
- Summarize the day’s learning experience.
 - Meet with the student to discuss unanswered questions or concerns.
 - Encourage independent learning by assigning “homework.”
 - Follow up with student on any “homework” assignments.
- Provide feedback and evaluation to the student.
 - Provide frequent, timely feedback.
 - Base evaluation on evidence

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in this educational endeavor of the PA student. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient’s verbal consent must be obtained. This may also be done through standardized forms. The students should be clearly identified as a “*Physician Assistant Student*” and must also verbally identify themselves as such. If the patient refuses care by a PA Student, the request must be honored. Patients must know that they will see a licensed provider and should have an explicit opportunity to decline student involvement.

Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the patient’s medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Students are educated that the medical record is a legal document. Preceptors are required to document the services they provide as well as review and edit all student EMR (electronic medical records) entries. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs presents obstacles for students if they lack a password or are not fully trained in the use of each institution’s EMR system. If these problems cannot be resolved, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback. **Students must not write notes for visits in which they did not participate. Students should not be given charts to take home, for any reason.**

The PA Program expects the student to log every patient contact, including observational experiences, on the E*Value™ logging software. E*Value™ does not permit the logging of data that contains patient identifying information. Patient logging data is used for accreditation and student evaluation purposes only. Patient logging data regarding number and types of patients seen is a requirement of accreditation standards for the PA program. Preceptor support of the student in this regard is greatly appreciated.

Medicare Policy

CMS no longer requires that clinicians serving as preceptors re-perform student-provided documentation. As of January 1, 2020, preceptors can now verify (sign and date) student documentation. This makes the role of preceptor significantly easier as they are able to spend more time teaching and less time documenting. Students also benefit from increased experience with electronic health records, better preparing them for practice.

All physician, PA, and nurse practitioner preceptors are allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation based on the profession (i.e., a preceptor does not have to be a PA to verify the documentation of a PA student). <https://paeaonline.org/our-work/advocacy-for-pa-education/emerging-advocacy-issues>

The following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation. This information can be found at the following site:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

Prescription Writing

Students may transcribe prescribing information for the preceptor, but the preceptor must sign all prescriptions. More specifically, *the student's name is not to appear on any prescriptions*. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under their own password and personally sign and send the electronic prescription. Per federal and state regulations, these guidelines cannot be violated by the student or the preceptor. **Students are not allowed to call in prescriptions to the pharmacy independently.**

Expected Progression of PA Student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the clinical year continues, they should be able to come up with an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed progressively increasing supervised autonomy.

Student Responsibilities

In addition to adhering to the HSC Fort Worth Student Code of Conduct, students are expected to perform the following during their clinical rotations:

- Must wear the HSC Fort Worth-issued ID plate spelling out the words “Physician Assistant Student” at all times (This is a Texas State law requirement).
- Must identify themselves as a student from our institution to every patient.
- Wear their white lab coat with the PA Program emblem at all times during clinic.
 - Except in the operating room or if the preceptor deems that jacket impedes care in special patient populations (psychiatric, pediatric, etc.)

- Minimum dress requirements are business casual or specific attire (e.g. scrubs, etc.) as requested by the preceptor office.
- Supply own physical examination equipment (e.g. stethoscope, reflex hammer, etc.)
- Arrive on time and report all absences to the DCE in a timely fashion.
- Cell phones turned off or on vibrate while seeing patients.
- Maintain patient confidentiality and HIPAA standards.
- Act in a professional manner befitting a medical professional at all times.
- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
- Perform and/or interpret common lab results and diagnostics.
- Educate and counsel patients across the lifespan regarding health-related issues.
- Attend clinical rotations as scheduled, in addition to grand rounds, lectures, and conferences, if available to them
- Demonstrate emotional resilience, stability, adaptability, and flexibility during the clinical year.

Standards of Professional Conduct

As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

- Being respectful
- Being reliable
- Being flexible
- Showing academic integrity
- Displaying honesty and trustworthiness
- Being accountable
- Showing cultural competency

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout all phases of the program. If preceptors observe any concerns about a student's professionalism, please contact the DCE immediately.

Health and Technical Standards

All candidates must meet certain health and technical standards to participate in the physician assistant educational programs. Graduation signifies the graduate is prepared for entry into the practice of medicine as a physician assistant with the requisite knowledge and skills to function in a broad variety of clinical situations and provide a wide spectrum of patient care.

A candidate for the physician assistant degree must have abilities and skills in five areas: Observation, Communication, Motor, Conceptual, Intellectual, and Behavioral. Technological compensation can be made for some disabilities in certain areas, but for the majority, the candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary requires a candidate's judgment to be mediated by someone else's power of selection and observation. Therefore, assistance from trained intermediaries to meet these technical standards may eliminate an essential element of the program and is not a permissible accommodation.

1. Observation: Observation requires the functional use of vision and somatic sensations. The candidate must be able to observe demonstrations and experience lessons in the basic sciences including, but not limited to, physiological and pharmacological demonstrations in animals, microbiologic cultures, and microscopic studies of tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation is enhanced by functional use of the sense of smell.
2. Communication: A candidate must exhibit interpersonal skills to enable effective caregiving of patients, including the ability to communicate effectively in person and in writing with all members of a multidisciplinary health care team, patients, and those supporting patients to gather information and describe changes in moods, activity, and posture, and perceive nonverbal communication.
3. Motor: Candidates should have sufficient motor function to elicit information by palpation, auscultation, percussion, and other diagnostic and therapeutic maneuvers. This includes performance of basic laboratory tests and may also include diagnostic procedures and reading EKGs and X-rays. A candidate should be able to execute movements which are reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required include the application of pressure to stop bleeding, the opening of obstructed airways, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and tactile and visual assessment.
4. Intellectual: Candidates should possess Conceptual, Integrative and Quantitative Abilities. These include obtaining measurements and performing calculations, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of physician assistants, requires all these intellectual abilities. In addition, candidates should be able to comprehend three-dimensional relationships and to understand spatial relationships of structure.
5. Behavioral: Candidates must have sufficient emotional health required for full use of their intellectual abilities in the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of patients in a mature, sensitive, and effective relationship to patients. Candidates must be able to function effectively under stress. They must be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities which are assessed during the admission and education process.
6. Environmental- Candidates should be able to function in educational and healthcare settings with potential exposure to chemicals, gases, biohazards, and environmental allergens that may be normally present in those settings. In those settings that require exposure to biohazards and/or chemicals, OSHA exposure limits and standards must be followed, including ability to use appropriate PPE.

Student Credentialing Requirements

Background Check & Drug Screening

Prior to program enrollment and again at the start of the clinical phase of their education, all students are required to go through a background check and drug screening. This is contracted through a third party by the HSC at Fort Worth Division of Student Affairs

Vaccines/Tuberculosis Testing

All students are screened yearly for tuberculosis and treatment is initiated when appropriate. PA students are required to have the following vaccines: Tdap, MMR, Polio, Hepatitis B and in certain circumstances Varicella. Flu vaccines are offered annually in the Fall at HSC Fort Worth.

HIPAA

Students are mandated to take an online HIPAA training course sponsored by the institution. The student has access to a copy of their HIPAA certificate of completion, or one can be emailed, mailed, or faxed upon request.

Basic Life Support (BLS) & Advanced Cardiac Life Support (ACLS)

Prior to entering rotations students are trained and certified in BLS & ACLS. The student has access to a copy of their training certificate of completion, or one can be emailed, mailed, or faxed upon request.

Sterile Technique

Prior to rotations students participate in a course that reviews sterile technique and operating room etiquette. The student has access to a copy of their training certificate of completion, or one can be emailed, mailed, or faxed upon request.

Student Health Care

The health and welfare of students at HSC Fort Worth is a high priority of the administration and faculty. All students are required to have annual health insurance to be in compliance with the HSC Fort Worth policy.

PA Program policy prohibits faculty and preceptors from treating PA students that they are currently evaluating in a clinical rotation. This changes the relationship from Preceptor–Student to Medical Provider–Patient, which may put the student and/or Preceptor in a compromising position when it comes time for evaluations at the end of the rotation.

An exception to this policy may be permitted in the event of either an emergency in which the preceptor is providing emergent care, or in a rural health care setting in which the preceptor is the only medical provider available.

Clinical Hazards

Prevention of Hazardous Exposures

Students are educated throughout the curriculum on methods of prevention for hazardous exposures in healthcare such as use of universal precautions and sharps safety. Students have completed course content and obtained certificates in the following areas to prevent exposures: PPE, Fit Testing for N95 Masks, Blood Borne Pathogens, Infection Control Sharps Safety, Sterile Technique, Proper Scrub Procedures.

In addition, students have attested to the health and technical standards which outlines environmental exposures. The Health and Technical standards state the following:

Candidates should be able to function in educational and healthcare settings with potential exposure to chemicals, gases, biohazards, and environmental allergens that may be normally present in those settings. In those settings that require exposure to biohazards and/or chemicals, OSHA exposure limits and standards must be followed, including ability to use appropriate PPE.

Methods of Prevention

Injuries

- Wear appropriate attire: closed-toe shoes, non-slip footwear, clothing that fits appropriately (not too loose or tight), eyewear that does not slip/fall from face.
- Notify appropriate personnel for spills or debris on walkways.
- Perform lifts and patient transfers only if specifically trained to do so.

Universal Precautions

- Cover any open wounds/lesions.
- Always use barrier protection.
- Use gloves for protection when working with or around blood and body fluids.
- Change glove between patients.
- Use glasses, goggles, masks, shields, and waterproof gowns/aprons to protect face from splashes.
- Wash hands if contaminated and after removing gloves.
- Use resuscitation equipment and devices for mouth-to-mouth resuscitation.
- Minimize spills and splatters; use leak-proof containers.
- Decontaminate all surfaces and devices after use.
- Promptly seek medical attention and counseling if exposed to contaminated materials.

Sharps Safety

- Plan safe handling and disposal before any procedure.
- Use safe and effective needle alternatives when available.
- Choose safe sharps that are engineered with injury protection (i.e. retractable needles, blunt suture needles, safety scalpels, needleless blood transfer equipment).
- Always activate the device's safety features.

- Do not recap, shear, or break contaminated needles.
- Wear goggles/face shield and double gloves when using sharps.
- Do not pass used needles between workers.
- Do not leave sharps out where they may injure others.
- Immediately dispose of contaminated needles in in properly secured, puncture-resistant, closable, leak-proof, labeled sharps containers.
- Never place your hand in a sharps container.

Exposures

In the event the student experiences a needle stick injury or splash exposure they are instructed to report it immediately not only to their preceptor and the institution where it occurred, but also to the DCE, HSC Fort Worth Safety Office and Student Affairs. Students should follow the procedures outlined by your office and/or the institution and HSC Fort Worth policies. For needle sticks, students should refer to their SCPE Student Handbook for instructions. If hazardous exposures occur in Fort Worth during business hours, students should report to the HSC Student Health Clinic., After hours or if the clinic site is located outside of Fort Worth, the student should be evaluated at the nearest Emergency Room.

Liability Insurance

Students are provided with malpractice insurance through the institution for the duration of their education. A copy of the malpractice face sheet can be emailed or faxed upon request. Students must maintain a “student” role in the clinic and should not assume responsibilities of an employee. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university’s liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different healthcare-related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

Preceptor Benefits and Resources

Preceptors who wish to receive and maintain the benefits of adjunct faculty status and university library access must be credentialed and must precept at least 2 students per year. In addition, preceptors are eligible for CME credit.

Claiming CME

The PA Studies Program will send preceptors a letter summarizing the number of hours precepted upon request. The University of North Texas Health Science Center at Fort Worth has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit to eligible physician assistant preceptors. Preceptors may be awarded 2 CME credits per student per weeks of clinical teaching without limit. Approval is valid each rotation month.

To receive credit, AAPA requires that each physician assistant preceptor will need to provide the following items:

- Complete a CME/CE disclosure. Listed below is the link to our disclosure form for this activity:
https://unt.az1.qualtrics.com/jfe/form/SV_eOHAksSZcooEj54
- Once all disclosures have been received, the CE Team will provide the disclosure information for all preceptors in 1 document that can be distributed across all rotations.
- At the conclusion of each rotation, each preceptor is required to complete a PA Preceptor CME/CE Evaluation. Once the evaluation has been received, the PA Preceptor will receive a credit certificate from the Continuing Education and Assessment department (CE Team) within 7-10 business days via email.
- PAs who do not wish to claim category 1 CME can claim category 2 CME instead. DO, MD and NP preceptors may also claim CME hour for hour, calculated at 40 hours per week for the number of weeks the student is with you. Preceptors claiming CME may claim the number of hours of direct supervision as:
 - PAs (NCCPA): Category 2
 - MDs (AMA): Category 2
 - DOs (AOA): Category 1B
 - NPs (ANA): Category 2

Graded Components of the SCPE

Mid-SCPE Preceptor Evaluation of the Student

During each SCPE, preceptors must evaluate students at the mid-point of the clinical rotation (no later than 8:00am on the Tuesday of the third week) to ensure they are meeting the SCPE Learning Outcomes and have an opportunity to address any student deficiencies in a timely manner. The students will provide the preceptor with a paper copy of the evaluation. The evaluation includes assessment of specific items in each of the following domains: medical knowledge, interpersonal skills, clinical/technical skills, clinical reasoning/problem-solving, professional behaviors, and societal responsibilities. It is the **student's responsibility** to review the mid-SCPE evaluation with the preceptor and to confirm it has been **completed**. It is strongly encouraged that the student and preceptor review the evaluation in a one-on-one meeting to obtain constructive feedback and suggestions for improvement.

Preceptor Evaluation of the Student

The Preceptor Evaluation of the Student is designed to promote communication between preceptor and student. The evaluation should reflect on the student's knowledge base and skills as well as their improvement throughout the rotation and should assess progress in comparison to other students at the same level. If deemed less than "average" the student will be required to remediate. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the PA Program.

The Preceptor Evaluation of the Student will be used as one of several grading components used in

determining the PA student's grade for the rotation. The student must achieve a 70% on the evaluation to pass the component. ***The program requests its preceptors submit their evaluations of the students immediately upon completion of the rotation.*** Delays in submission of the evaluation will prevent the student's grade from being submitted to the Registrar's office in a timely manner. This may in turn interfere with the students receiving financial aid.

We ask that the preceptor review the evaluation with the student prior to completion of the rotation and submit via E*Value™ to the PA Program promptly. The program appreciates the provider giving an honest and fair assessment of the student and supports the feedback whether positive or negative. It is important to the student and the PA program that the preceptor identify both strengths and weaknesses of the student.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Copies of the Preceptor Evaluation are made available to the preceptor via Evaluate. The PA Program prefers the electronic submission of the evaluation; however, paper copies can be made available by the student upon request.

Students are evaluated in the following areas that are aligned with the Instructional Objectives in the syllabi and the PA Program Competencies:

1. Medical Knowledge
2. Interpersonal Skills
3. Clinical and Technical Skills
4. Clinical Reasoning/Problem-Solving
5. Professional Behaviors
6. Societal Responsibilities

The Preceptor Evaluation of the Student is worth 30% of the student's final grade for the rotation. Each of the 6 categories in the evaluation are equally weighted. The scale used for rating is:

- Above Average = 5 points
- Average = 4 points
- Below Average = 3 points
- Poor = 2 points
- Very Poor = 1 points
- Not Observed = N/A

Any low-scoring areas on the preceptor evaluation will require remediation at the discretion of the DCE. An example of the evaluation form can be found in each of the syllabi. In the event the preceptor determines that a category is *not observed* on the rotation and "Not Observed" is selected, it will not be calculated into the grade. **Students must ensure that ALL the instructional objectives are observed by the preceptor to prevent the loss of points for that objective and/or an additional assignment.** A minimum of 70% is required to pass the preceptor evaluation of the student. To demonstrate competence, the student must score "Average" or greater on all preceptor evaluation objectives to successfully pass the SCPE and meet the PA Program competencies. Any student who scores less than "Average" or receives "Not Observed," will be required to successfully remediate the missed objective(s). Successful remediation earns an "Average" score

for the objective, and unsuccessful remediation results in either a subsequent remediation or repetition of the SCPE.

It is the **student's responsibility** to review the evaluation with the preceptor and to confirm it has been prior to the SCPE end date. It is strongly encouraged that the student and preceptor review the evaluation in a one-on-one meeting to obtain feedback, constructive criticism, and suggestions for improvement. A weekly progress review is also highly recommended and should be initiated by the student. A preceptor's evaluation is final *upon submission to the program* and students should not dispute with the preceptor. Any such behavior will be considered unprofessional conduct and will be addressed by the DCE. All discussions concerning the preceptor evaluation are to be addressed with the Director of Clinical Education.

Preceptor Evaluation of the Curriculum

Preceptor insights, concerns, or suggestions are valued and welcomed at any time. On occasion, the preceptor may be asked to evaluate the PA curriculum through a survey or an invitation to participate in a focus group as well.

Student Evaluation of the Preceptor

Students are required to evaluate their preceptors through an online survey. Student Evaluation of Preceptors are provided to preceptors only upon request at the conclusion of the SCPE year and are anonymous/de-identified. To obtain a copy of the evaluation, please contact the DCE.

APPENDIX A

Expected Physician Assistant Competencies

Physician Assistant Competencies

Physician Assistant competencies were established in cooperation with the four national PA organizations: American Academy of Physician Assistant (AAPA), Physician Assistant Education Association (PAEA), National Commission on the Certification of Physician Assistants (NCCPA), and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA; the entity that accredits PA programs). These competencies are incorporated into all facets of our program. The program competencies listed below are incorporated into student evaluations. Preceptors will be helping students achieve and master many of these skills.

PA Program Competencies

Medical Knowledge

- Apply knowledge of anatomy, physiology, pathophysiology, genetics, and molecular mechanisms of disease to medical conditions
- Create a pharmacologic treatment plan suitable to the acuity of the condition.
- Construct a patient-specific disease prevention plan that emphasizes lifestyle choices, complementary and alternative treatment options, screening recommendations, and disease prevention.
- Interpret current and credible sources of medical information.

Interpersonal skills

- Utilize effective communication skills to establish therapeutic relationships with patients, their families, and support systems.
- Provide effective patient-centered education.
- Communicate professionally within the interprofessional healthcare team.

Clinical Skills

- Obtain a thorough patient history.
- Perform a thorough physical examination.
- Present a patient encounter in an organized and concise manner to other healthcare professionals.

Technical Skills

- Accurately document the full scope of a clinical encounter that satisfies requirements for medical, legal, quality, and financial purposes
- Perform clinical procedures with technical accuracy.

Clinical Reasoning and Problem Solving

- Differentiate normal from abnormal physical exam findings as part of the clinical decision-making process.
- Utilize all available clinical information to develop and refine a differential diagnosis.
- Interpret diagnostic study results as part of the clinical problem-solving process.
- Utilize available clinical and patient information to create a patient-management plan.
- Determine patient disposition regarding both the clinical setting, patient situation, and need for referral/consultation.

Professional Behaviors

- Perform as a dependable member of the interprofessional healthcare team.

- Treat all patients equally.

Societal Responsibility

- Communicate to diverse patient populations with cultural humility and responsiveness.
- Identify social determinants that contribute to healthcare disparities.

More information can be located on our website:

<https://www.unthsc.edu/school-of-health-professions/physician-assistant-studies/>

APPENDIX B

End of Rotation Exam Information

End of Rotation Examinations

The Physician Assistant Education Association (PAEA) has created End of Rotation Examinations that cover 7 of the cores supervised clinical practice experiences during the clinical phase of a PA student's education. The exam is created by PA educators and exam experts specifically for use by PA programs. Each 120-question exam is built on an extensive content blueprint and topic list. Topic List Blueprints for each core SCPE can be found at the PAEA website at: <http://www.endofrotation.org/>. Core Tasks and Objectives Set Forth by the Physician Assistant Education Association (PAEA) <https://paeaonline.org/assessment/core-tasks-and-objectives>. The following tasks and objectives apply to each specific exam topic. Students should understand each of the following areas as they relate to the specific medical conditions noted on the seven individual End of Rotation examinations.

History Taking and Physical Examination

- Identify elements of, and need for, comprehensive and focused interviews appropriate for the age and gender of the patient, reason for visit, urgency of the problem, and patient's ability to provide history.
- Recognize and interpret pertinent historical information.
- Identify history commonly associated with specific medical conditions.
- Identify elements of, and need for, comprehensive and focused physical examinations appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient's ability to participate in the examination.
- Identify required techniques in the physical examination.
- Recognize and interpret pertinent physical examination findings when presented in written or illustrated form.
- Determine the need for other resources (e.g., past records, consultation, other members of the health care team) to expand knowledge of the patient's history.
- Interpret history and physical examination findings to differentiate one disorder from another.

Diagnostic Studies

- Demonstrate knowledge of appropriate patient and family education related to laboratory and diagnostic studies.
- Identify techniques and potential complications for common diagnostic procedures.
- Select the appropriate initial and subsequent laboratory and diagnostic studies based upon initial impressions determined from the history and physical examination or germane to the health-screening situation.
- Identify the indications for specific laboratory and diagnostic studies.
- Identify risks associated with laboratory and diagnostic studies.
- Recognize normal and abnormal values for routine laboratory and diagnostic studies.
- Interpret the results of routine laboratory and diagnostic studies.
- Select appropriate laboratory and diagnostic testing by considering and evaluating the cost, probable yield, invasiveness, and contraindications of laboratory and diagnostic studies.
- Determine when additional diagnostic studies are required.
- Identify laboratory and clinical studies considered to be the best for the diagnosis of certain conditions.

Diagnosis

- Determine a differential diagnosis based upon historical information, physical examination findings, and laboratory and diagnostic study findings.
- Select the most likely diagnosis based upon historical information, physical examination findings, and laboratory and diagnostic study findings.

Health Maintenance

- Determine appropriate counseling, as well as patient and family education, related to preventable diseases, communicable diseases, immunization schedules, and healthy lifestyles.
- Determine the appropriate history and physical examination in screening an asymptomatic patient during well-care visit based on age.
- Recognize risk factors for conditions amenable to prevention or detection in an asymptomatic individual.
- Recognize the impact of stress on health and the psychological manifestations of illness and injury.
- Recognize the effects of aging and family roles on health.
- Recognize the impact of environmental and occupational exposures on health.
- Recognize the signs and symptoms of abuse and neglect and the indications for intervention and referral.
- Identify common barriers to care.
- Identify the risks and benefits of immunizations.
- Select the appropriate laboratory and diagnostic screening studies and identify normal ranges.
- Identify growth and human development milestones.
- Match anticipatory guidance to the appropriate age level and to the sequelae it intends to prevent.

Clinical Intervention

- Select the application or technique required for common clinical interventions.
- Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events, and effectiveness.
- Recognize appropriate counseling and patient and family education related to clinical interventions.
- Identify proper referral strategies for patients to other services for clinical intervention as appropriate.
- Determine appropriate follow-up from referrals.
- Select a clinical intervention plan that is consistent with the working diagnosis.
- Prioritize clinical interventions in emergent, acute, and chronic care situations.
- Evaluate severity of patient condition in terms of need for medical and /or surgical referral, admission to the hospital or other appropriate setting.
- Determine appropriate surgical treatment and post-surgical/post-procedural management.
- Identify potential complications of specific clinical interventions and procedures.
- Recognize appropriate plans for patient discharge, as well as appropriate medical, surgical, and rehabilitation follow-up.
- Select non-pharmacologic modalities (e.g., physical therapy, surgery, counseling) to integrate into patient management plans.

Clinical Therapeutics

- Identify appropriate counseling and patient and family education related to a clinical therapeutic agent including drug-drug interactions.

- Identify key safety factors related to the administration of medications (oral, topical, sublingual, subcutaneous, intramuscular, rectal, otologic, vaginal, and ophthalmic).
- Recognize appropriate plans to monitor pharmacotherapy, checking for compliance, side effects, adverse reactions, and effectiveness.
- Select a clinical therapeutic plan that considers the cost, efficacy, possible adverse reactions, contraindications, and drug interactions for medications selected.
- Recognize the pharmacokinetic properties, indications, and contraindications for the use of pharmacologic agents. Apply this knowledge to the safe and effective selection and administration of medications.
- Identify side effects, adverse reactions, contraindications, precautions, therapeutic effects, and dosing of the major classes of clinically important drugs and commonly used medications.
- Identify the risks for, and signs and symptoms of, drug interactions resulting from polypharmacy in the therapeutic regimen.
- Recognize the appropriate actions to take in response to acute, specific drug toxicity.
- Modify therapeutic regimen within the context of continuing care.

Scientific Concepts

- Apply basic sciences (anatomy, physiology, microbiology, genetics, etc.) to the diagnosis and management of specific medical conditions.
- Recognize associations of disease conditions and complications through application of scientific concepts.
- Demonstrate understanding of concepts of public health in the management of the populations and an individual patient's health and well-being, as well as disease.
- Identify underlying processes or pathways responsible for a specific condition or disease.

Additional information on PA competencies and the PANCE blueprint can be found at:

- American Academy of Physician Assistants: <http://www.aapa.org/>
- Physician Assistant Education Association: <http://www.paeaonline.org/>
- National Commission on Certification of Physician Assistants: <http://www.nccpa.net/>

Topic List Blueprints for each SCPE can be found at the Physician Assistant Education Association (PAEA) End of Rotation (EOR) exam website at: <http://endofrotation.org/>

Please note that the Topic List is a guide for studying and is NOT all-inclusive of the material that may appear on the EOR.