



School of Health Professions

Department of Physician Assistant Studies

Supervised Clinical Practice Experience

Preceptor Handbook

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Director of Clinical Education

Jeffrey Mott, DHSc, PA-C

Program Director

Kirk Barron, PhD, PA-C

Medical Director

Jennifer Hinkle, MD

Clinical Course Directors

Jeffrey Mott, DHSc, PA-C
jeffrey.mott@unthsc.edu

Underserved
Inpatient

Veda Womack, MPAS PA-C
tamara.willmoth@unthsc.edu

Women's Health

America McGuffee, MPAS, PA-C
america.mcguffee@unthsc.edu

Internal Medicine Outpatient

Julia Reynolds, MPAS, PA-C
julia.reynolds@unthsc.edu

Family Medicine

Kenya Samuels, MPAS, PA-C
kenya.samuels@unthsc.edu

Pediatric

Vic Holmes, MPAS, PA-C
vic.holmes@unthsc.edu

Psychiatry

Tom Diver, MPAS, PA-C
thomas.diver@unthsc.edu

Electives

Feroza Thompson, MS, PA-C
feroza.thompson@unthsc.edu

Emergency Medicine

Tamara Willmoth, MPAS, PA-C
tamara.willmoth@unthsc.edu

Surgery SCPE

Clinical Site Coordinator

Chablis Payton
chablis.payton@unthsc.edu

Certiphi®
Preceptor recruiting/maintenance

Administrative Support

Claudia Garcia
claudia.garcia@unthsc.edu

Credentialing, Scheduling
E*Value™

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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.

Physician Assistant Education Association (PAEA) Core Tasks and Objectives

The following tasks and objectives apply to each specific PANCE blueprint topic. Students should understand each of the following areas as they relate to the specific medical conditions assessed on the seven individual PAEA 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 a history of present illness.
- 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 in order 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 if and 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 its possible adverse outcomes

Clinical Intervention

- Select the application or technique required for common clinical interventions.
- Identify indicated monitoring for patients after interventions, including checking for compliance, adverse events, and effectiveness.
- Recognize counseling needs and indicated patient and family education related to clinical interventions.

- Identify proper referral strategies for patients to other services for clinical intervention as indicated.
- Determine indications for 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 indicated surgical treatment and post-surgical/post-procedural management.
- Identify potential complications of specific clinical interventions and procedures.
- Develop plans for patient discharge, as well as indicated medical, surgical, and rehabilitation follow-up.
- Select non-pharmacologic modalities (e.g., physical therapy, surgery, counseling) to integrate into patient management plans.

Clinical Therapeutics

- Apply indicated educational counseling to patient and family as it is related to clinical therapeutic agents, including drug-drug interactions.
- Identify key safety factors related to the administration of medications (oral, topical, sublingual, subcutaneous, intramuscular, rectal, otologic, vaginal, and ophthalmic).
- Develop 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 poly-pharmacy in the therapeutic regimen.
- List 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 population's 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.

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/>

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 student's 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.

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 with the student informally each week at a designated time, and should be formally reported to the program by submitting mid-rotation and 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 faculty 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.
- 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.
- 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.
- 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.

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 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, 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 maintained at all times during the clinical setting, this encompasses outside of the office interactions as well. Please consult the Director of Clinical Education (DCE) regarding specific school or university policies regarding this issue.

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.

On the first day of the rotation (or prior to the rotation when possible), the student should address 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.

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
 - Maximum of 60 hours per week
 - Individual shifts should not exceed 14 hours
 - 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 their Course Director or DCE at the PA Program
 - Students are granted excused absences by the Course Director or 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 their Course Director or DCE
 - If a student anticipates missing clinical time for personal reasons, they should alert their Course Director or DCE of the clinic absence.
- Participation during rounds and conferences are 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 round or to office medical staff
- Written documentation
 - Medical record documentation
 - Electronic Medical Record if access is granted
- Reading assignments
- Anything additional that the preceptor feels is necessary

Many 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

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, along with a copy of the preceptor’s medical license, malpractice insurance and curriculum vitae.

During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. 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 aware of the student's assigned activities at all times.

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 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. Medicare laws are slightly different in terms of what a student can document, and this is explained further in the following "Documentation" section.

Before taking a student to a site not part of the preceptor's office, such as a nursing home, surgery center, or hospital, 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 the UNTHSC, 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 PA program 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

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 requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular 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 medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. Students are educated that the medical record is a legal document and the preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student EMR (electronic medical records) entries. Although student documentation is limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. 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.

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. This data is used for accreditation and student evaluation purposes only. 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

Medicare reimbursement requires limited student participation regarding documentation. Students are permitted to document only the aspects of a history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. 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 his/her 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.

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 more effectively come up with an assessment and plan, 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 standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Must wear UNTHSC issued ID plate spelling out the words “*Physician Assistant Student*” at all times (This is a Texas Medical Board 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 as requested by the preceptor office
- Supply own equipment (stethoscope, neuro hammer, etc.)
- Arrive on time and report all absences to your office in a timely fashion
- Cell phones turned off or on vibrate while seeing patients
- Maintain patient confidentiality and honor 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 and 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:

- Respectful
- Reliability
- Flexibility
- Academic integrity
- Honesty and trustworthiness
- Accountability
- 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 clinical coordinator or DCE immediately.

Preceptor evaluation of the student

The preceptor evaluation of the student is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses. This provides an opportunity to reinforce student's strengths and improve upon weaknesses. The evaluation should also reflect on student knowledge base and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important. If deemed "poor," the student may be requested to repeat the rotation or undergo a performance evaluation and remediation specified by the PA program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty.

The preceptor evaluation of the student will be used as one of several grading components by the UNTHSC course director in determining the PA student's grade for the rotation. The preceptor evaluation of the student is weighted as 30% of the overall grade, but 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. Refer to the Appendix on page 19 for further guidance on completing the preceptor evaluation of the student.

We ask that the preceptor review the evaluation with the student prior to completion of the rotation and submit via E*Valuetm to the PA program promptly. The program expects the provider to give an honest and fair appraisal of the student and supports the impressions whether positive or negative. The experience of the PA program is that very few students will achieve excellence in all competency areas. It is important to the student and the PA program that the preceptor identifies 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.

Preceptor Evaluation of the Curriculum

At the end of the Preceptor Evaluation of the Student, there is a section to express the preceptor's opinion and observations concerning the PA program 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 mailed 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 on-line survey. These evaluations are available at the end of the academic year, beginning in June. The preceptor may request a copy of their evaluation by contacting the Director of Clinical Education.

Specific Program Policies

Background Check & Drug Screening

Prior to program enrollment and 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 UNTHSC Office of Student Affairs.

Student health care

The health and welfare of students at the Health Science Center is a high priority of the administration and faculty. All students are required to have annual health insurance to be in compliance with the Health Science Center policy. Students have the right and option to choose any health insurance plan they feel is best suited to their needs; however, a school sponsored Student Injury and Sickness Insurance Plan is provided through UnitedHealthcare Student Resources. Students may be seen at the UNT health clinic by appointment or walk-in basis for acute illnesses or their own medical provider.

PA Program policy discourages faculty and preceptors to treat PA students that they are currently evaluating in a clinical rotation. This changes the relationship from Preceptor–student to Medical provider–patient. This 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 the policy may be allowed in a rural health care setting, in the event that the Preceptor is the only medical provider, or providing emergent care.

Vaccines/Tuberculosis Testing

All students are screened yearly for TB 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 UNTHSC.

HIPAA

Students are mandated to take an online HIPAA training course sponsored by the institution. They also participate in a professionalism course that provides practical application of these regulations, as well as patient confidentiality, jurisprudence and ethical issues as it relates to medical practice. The student has access to a copy of their HIPAA certificate of completion, or one can be mailed or faxed upon request.

Advanced Cardiac Life Support (ACLS)

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

Hazardous 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 PA program and the UNTHSC Infection Control Officer. Students should follow the procedures outlined by your office and/or the institution and UNTHSC policies. For needle sticks, students should refer to their clinical phase student handbook for instructions. In Fort Worth during daytime hours, students should report to Harris Occupational Health at 817-250-4840. After hours, the student should be seen in the Harris Main Hospital Emergency Room. If outside of Fort Worth, students should be seen at the nearest Emergency Room.

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the DCE. All members of the team should share contact information. If a preceptor has a question or concern about a student, they should contact the clinical coordinator. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

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 completing a formal elective rotation with a preceptor or site that may end up becoming an employee must maintain a “student” role in the clinic and should not assume responsibilities of an employee until after matriculation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. 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.

Site Visits

From time to time, a faculty member from the PA program may visit the preceptor and student. If possible, the faculty will notify the preceptor of the intent to visit, however, the student is not always notified. The purpose of this visit is to determine the adequacy of the site in meeting the overall PA program’s intention for the student’s clinical experience, as well as meeting accreditation standards.

Claiming CME

The PA Studies Program will send preceptors a letter summarizing the number of hours precepted upon request. Preceptor CME II hour for hour, calculated at 40 hours per week for the number of weeks the student is with you. Categorizing CME: Preceptors may claim the number of hours of direct supervision as:

PAAs (NCCPA): Category 2

MDs (AMA): Category 2

DOs (AOA): Category 1B

NPs (ANA): Category 2

Preceptor Development

Tools specific to each of the appendices listed below can be found in the electronic copy of this handbook, which can be accessed on the PAEA website at: www.PAEAonline.org, under the Resources drop down menu.

- A. Integrating the Student into a Busy Practice
 - The Model Wave Schedule
 - Integrating the Learner into the Busy Office Practice
 - Time-Efficient Preceptors in Ambulatory Care Settings
- B. Evaluation and Teaching Strategies
 - Evaluation Using the GRADE Strategy
 - The One-Minute Preceptor
 - Feedback and Reflection: Teaching Methods for Clinical Settings
 - Characteristics of Effective Clinical Teachers
- C. Providing Effective Feedback
 - Getting Beyond “Good Job”: How to Give Effective Feedback
 - Feedback in Clinical Medical Education
 - Feedback: An Educational Model for Community-Based Teachers
- D. Managing Difficult Learning Situations
 - Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
 - Provide Difficult Feedback: TIPS for the Problem Learner
- E. Developing Expectations
 - Setting Expectations: An Educational Monograph for Community-Based Teachers
- F. Conflict Resolution
 - Aspects of Conflict Resolution

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 students’ role with staff
- Review the Preceptor Handbook
- Review the syllabus appropriate to the 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 work day 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 clinical rotation:

- Expose the student to all the things the preceptor does as a physician or PA 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 novice student to observe with selected patients performing various 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 (alone)
 - Take the history
 - Perform the examination
 - Form their own impressions about diagnosis
 - Generate a management plan
 - Report to preceptor
 - Write the orders
 - Write the prescription
 - Arrange for follow-up
- Organize the visit for the student
 - "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. At her age, what are the important screening issues 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 problems, 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 the history alone
 - H&P and differential diagnosis after mastering the H&P, Etc.
- Consider strategies to improve teaching efficiency
 - 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”
- Ending the day
 - Meet with the student to discuss unanswered questions or concerns
 - Encourage independent learning by assigning “homework”
 - Follow up with student on any “homework” assignments
- Feedback and evaluation
 - Provide frequent, timely feedback
 - Base evaluation on evidence

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. Preceptors will be helping students achieve and master many of these skills.

“The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice.”

National Commission on the Certification of Physician Assistant (NCCPA)

End of Rotation Examinations

The Physician Assistant Education Association (PAEA) has created End of Rotation Examinations that cover 7 of the core 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/>

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/>

APPENDIX A

Preceptor Evaluation of the PA Student

SAMPLE FORM

**The preceptor will be sent a link via email
to complete evaluation electronically**

The student is rated on the following twenty items. Comments may be entered for any item,
but a supporting comment is requested for any grade of “weak” or “poor”.

Clinical Knowledge and Skills

History taking/medical interview

(Obtains all pertinent data in an organized and timely manner)

Excellent Good Fair Weak Poor N/A Comments:

Physical examination

(Performs appropriate, accurate, and organized physical exam)

Excellent Good Fair Weak Poor N/A Comments:

Oral case presentation

(Articulates accurate, clear, concise, organized statement of clinical encounter)

Excellent Good Fair Weak Poor N/A Comments:

Written patient record

(Writes accurate, clear, concise, organized statement of clinical encounter)

Excellent Good Fair Weak Poor N/A Comments:

Diagnostic and laboratory studies

(Displays applicable knowledge and appropriate utilization of diagnostic and laboratory studies)

Excellent Good Fair Weak Poor N/A Comments:

Clinical procedures

(Displays applicable knowledge and appropriate performance of procedures)

Excellent Good Fair Weak Poor N/A Comments:

Clinical reasoning/problem solving

(Appropriately combines clinical and diagnostic data to determine major active problems)

Excellent Good Fair Weak Poor N/A Comments:

Knowledge base

(Displays integration of medical knowledge and concepts with clinical application)

Excellent Good Fair Weak Poor N/A Comments:

Differential diagnosis

(Appropriately formulates differential diagnosis and provides support)

Excellent Good Fair Weak Poor N/A

Comments:

Treatment/management plan

(Displays applicable knowledge and appropriate utilization of therapeutic modalities including drug, consultation, referral, and follow-up)

Excellent Good Fair Weak Poor N/A

Comments:

Pharmacology

(Displays applicable knowledge and appropriate utilization of pharmacotherapeutics, including understanding indications, side effects, and drug interactions)

Excellent Good Fair Weak Poor N/A

Comments:

Patient education and counseling

(Selects and carries out appropriate teaching methods for patient education)

Excellent Good Fair Weak Poor N/A

Comments:

Overall rating for clinical knowledge and skills

(Overall impression)

Excellent Good Fair Weak Poor N/A

Comments:

Interpersonal Skills and Professionalism**Ability to work with professionals**

(Communicates and interacts well with all members of the healthcare team)

Excellent Good Fair Weak Poor N/A

Comments:

Ability to work with patients

(Communicates and interacts well with patients; shows sensitivity to culture, age, gender, abilities; and inspires confidence)

Excellent Good Fair Weak Poor N/A

Comments:

Dependability

(Is punctual, demonstrates good work ethic, and is attentive to the task at hand)

Excellent Good Fair Weak Poor N/A

Comments:

Reliability

(Completes tasks thoroughly and in a timely manner, takes appropriate actions, and recognizes issues for consultation)

Excellent Good Fair Weak Poor N/A

Comments:

Initiative

(Shows enthusiasm, accepts responsibilities, initiates discussions/asks questions, and values feedback)

Excellent Good Fair Weak Poor N/A Comments:

Professionalism

(Is respectful and dedicated; behaves maturely and ethically, displays professional relations with others; and dresses appropriately)

Excellent Good Fair Weak Poor N/A Comments:

Overall rating for interpersonal skills and professionalism

(Overall impression)

Excellent Good Fair Weak Poor N/A Comments:

APPENDIX B
Overall Grading Criteria

The preceptor evaluation of the students is worth a total of 100 points. Each category in Appendix A is worth up to 5 points x20 categories, and are evaluated with the following point value:

- Excellent = 5 points
- Good = 4 points
- Fair = 3 points
- Weak = 2 points
- Poor = 0 points

In the event the preceptor determines that a category is not applicable to the rotation and an N/A is selected, the remaining categories carry more weight to so that the total score still results in 100 points. We request that preceptors provide an accurate and true evaluation of *each category individually* and refrain from selecting all Excellent, all Good, or all Fair based on overall performance. A straight selection of all Fair is a failing grade, as it comes out to a score of 60% for the clinical rotation. Additional detailed grading requirements for SCPEs are listed below.

The following grading requirements apply to the core SCPEs, which include: Family Medicine, Internal Medicine, Women’s Health, Psychiatry, Emergency Medicine, Pediatric and Surgery.

Core requirements	% of Overall Grade
Preceptor Evaluation (minimum of 70% required to pass)	30%
End of Rotation Exam (minimum of scaled 70% required to pass)	60%
PASS Day Participation (Up to 5 points)	5%
Patient Encounter Logs (Up to 5 points)	5%
Total	100%

The following grading requirements apply to the non-core SCPEs, which include: Underserved, Inpatient, Electives 1, 2 & 3.

Non-core requirements	% of Overall Grade
Preceptor Evaluation (minimum of 70% required to pass)	30%
Written Assignment (minimum of 70% required to pass)	30%
ExamMaster® Questions (minimum of 90% required to pass)	30%
PASS Day Participation (Up to 5 points)	5%
Patient Encounter Logs (Up to 5 points)	5%
Total	100%