



Preceptor Orientation Handbook Tips, Tools, and Guidance for Physician Assistant Preceptors

Acknowledgments

This handbook was adapted from the Clinical Education Committee of the Physician Assistant Education Association [with program-specific modifications].

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Introduction

We want 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 with you are critical to our students' successful learning. The clinical setting synthesizes concepts and application of principles for quality health care delivery. Clinical preceptors 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 and through your interactions with your patients. The student will progressively develop the skills and clinical judgment necessary to become a practicing PA through your supervision. The Presbyterian College (PC) faculty thank you for your commitment to PA education.

How to Become a Preceptor

Preceptor Requirements

The PA faculty initially evaluate potential preceptors. Preceptors will submit a CV with their state license number and board certification information. This information is entered into a secure web-based portal used during the clinical year under each preceptor and site portfolio. Potential preceptors must have at least one year of clinical practice to be considered for this role. The Clinical Director will have final authority to vet, approve, and monitor the status of all preceptors actively utilized by the PA program.

One affiliation agreement between each site and Presbyterian College for each clinical site must be in place. This agreement would cover multiple specialties at the given site. Suppose students, for example, are in an emergency department at a large hospital for one rotation and again inpatient for an internal medicine rotation. In that case, one affiliation agreement can be in place to cover all clinical rotations for this setting. One preceptor will be designated as the "Primary Preceptor" for the assigned student and will be responsible for leading the overall education and evaluation of the student. However, one or more preceptors can be designated per clinical site and assist in the student's education. If a student assists in a surgical procedure, the preceptor and site are responsible for gaining permission for the student to participate in care in the operating room. The program will work to assist the preceptor in this task as needed.

General Goals of the Clinical Year

The clinical year transitions students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as practicing PAs. To this end, the goals of the clinical year include:

- Apply didactic knowledge to supervised clinical practice
- Develop and advance clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the PA's role in healthcare delivery
- Prepare for the Physician Assistant National Certifying Exam (PANCE)

- Develop interpersonal skills and professionalism necessary to function as part of a medical team

Physician Assistant Competencies

"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, as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting." (NCCPA)

Definition of the Preceptor Role

The preceptor is an integral part of the medical teaching and apprenticeship program. Preceptors will serve as role models for the students and, through guidance, role modeling, and teaching, will help the student 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 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. Feedback can be done with the student informally each week or at a designated time and can be formally reported by submitting mid-rotation and end-of-rotation evaluations.
- Supervise, demonstrate, teach, and observe clinical activities to develop 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 while supervising these activities.
- 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 further learning
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Audit and co-sign charts to evaluate the student's ability to write 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 and their improvement throughout the rotation.

- Promptly notify the PA program of any circumstances that might interfere with accomplishing the above goals or diminish the overall training experience.
- Maintain an ethical approach to the care of patients by serving as a role model for the student.
- Demonstrate cultural competency through interactions with patients.
- Spend a few minutes each week in a candid summary discussion with the student 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.
- Ensure that a licensed health professional sees all patients before they leave the site.
- Ensure that students do not serve to substitute for a paid health care professional.
- Appropriately assign students to health care provider roles and not as uninvolved observers of the clinical practice of medicine. Students need to be active participants in the care of patients during these clinical rotations.

The Clinical Year Schedule

- Each clinical year will be from October to the following September
- Each student must complete eight rotations, and each rotation lasts six weeks
- During the final two days of the rotation, students must return to campus for rotation-specific assessment by the PA Program faculty.
- Preceptors will be scheduled for these six-week rotations based on availability well before the clinical year. Schedules will be available on the web-based tracking portal for preceptors to review to allow ample time for planning. The Clinical Director will provide orientation to the portal

The Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the PA student and adhere to appropriate professional boundaries. Social activities and personal relationships outside the professional learning environment should be relevant and carefully selected to avoid putting the student or preceptor in a compromising situation. Students and preceptors should avoid contact through web-based social networking sites (e.g., Facebook, Twitter, Instagram, etc.). If the preceptor and student have an existing personal relationship before the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the Clinical Director regarding any specific school or program policies regarding this issue.

Orientation and Communicating Student Expectations

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

On the first day of the rotation (or when possible before the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password and completing any necessary paperwork, EMR training, or any additional site-specific requirements if needed.

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals regarding what they hope to achieve during the rotation. The preceptor should also communicate their expectations of the students during the rotation. Expectations can include:

- Hours and schedule
- Interactions with office/clinic staff
- General Attendance
- Call schedules and overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations and written documentation
- Any additional assignments or tasks the preceptors deem necessary for continued learning or exposure

Students will communicate with each preceptor at least two weeks before each clinical rotation, and the above expectations and schedules can be set at that time. In addition, students are expected to communicate with preceptors any special scheduling needs during the rotation – mainly when they may be out of the clinical setting for either illness or program-required activities. See below for the attendance and absence policy. Clinical sites will also inform students of their expectations for the successful completion of a clinical rotation.

Preparing Staff

The office, clinic, or hospital staff are crucial in ensuring each student has a successful rotation. Assisting the student in learning about office, clinic, or ward routines and locating critical resources helps a student become functional and confident. Like their preceptors, students depend on staff for patient scheduling and assistance during the patient's visit.

Preceptors should avoid assuming receptionists, schedulers, or nursing staff automatically know the student's role in 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 the following:

- Student's 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?

Supervision of the PA Student

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 assign students to another MD, DO, or PA 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, which can help with role modeling. When supervision is unavailable, students may be given an assignment or spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should always be aware

of the student's assigned activities. It should be noted that although resident physicians may interact with PA students, the program must not fully rely on resident physicians for didactic or clinical instruction.

Students are not employees of hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students must not substitute for clinical or administrative staff during supervised clinical practical experiences. Students are not to replace paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, the preceptor's and the student's responsibility is to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy following the PA student's demonstrated level of expertise and per acceptable site policies. However, every patient must be seen, and every procedure must be evaluated before discharge. The preceptor must document the PA student's involvement in the patient's care in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws differ slightly regarding what a student can document, which is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in this educational endeavor as well. 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 before their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and their consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students will be clearly identified as PA students and must verbally identify themselves. The request must be honored if the patient requests a physician and refuses the PA student's services. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation

PA students may enter information in the medical record if the preceptor and facility allow. Preceptors should understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Clinical Director. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors must document their services and review and edit all student documentation. Although student documentation may be limited for reimbursement, students' notes are legal and may contribute to the medical record.

Moreover, writing a concise note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in using one institution's EMR system. In these cases, students are encouraged to hand-write notes simply for the student's edification, which preceptors should review whenever possible for feedback.

Medicare Documentation Policy

Medicare reimbursement allows limited student participation regarding documentation. Students are permitted to document aspects of the history, including 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. Below is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation. In January 2018, CMS updated its policy with the following language:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10412.pdf>

"The Centers for Medicare & Medicaid Services (CMS) is revising the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Students may document services in the medical record. However, the teaching physician must verify all student documentation or findings in the medical record, including history, physical exam, and medical decision-making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work."

Prescription Writing

Students may transmit prescribing information for the preceptor, but the preceptor must sign all prescriptions. More specifically, the student's name should NOT appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under their password and personally sign and send an electronic prescription. The student or the preceptor must not violate the guidelines.

Expected Progression of the PA Student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to formulate an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students may initially 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 given progressively increasing supervised autonomy.

Student Evaluation

The evaluation is designed to promote communication between the preceptor and the student. Preceptors are encouraged to discuss strengths and weaknesses to motivate students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills and their improvement throughout the rotation and assess progress compared to other students at the same level. The preceptor's evaluation of the

student is tremendously essential. For each clinical rotation, the preceptor's evaluation of the student will comprise a significant portion of the student's final grade.

Before completion of the clinical rotation, 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 healthcare team members. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help improve efficiency and flow while maximizing educational opportunities.

While students may have only one formal preceptor evaluation during the clinical rotation, they must receive regular ongoing feedback daily from their preceptors to help improve their clinical performance.

Preceptor evaluations of the students will be delivered and completed through the web-based online student tracking software. Each preceptor will be on-boarded to this system and linked via email address. An adequate explanation of this process will be provided to each preceptor by the PA program.

During the middle of each rotation, students will conduct a self-assessment and site evaluation that is submitted to the Clinical Director. Also, program faculty will visit each student during each rotation on-site for a check-in with the student and preceptor. Additionally, a Program faculty member will visit and evaluate each site at least once annually.

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:

- 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/ 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:

- Respect
- Flexibility
- Academic integrity
- Honesty and trustworthiness
- Accountability
- Cultural competency

PA students are expected to adhere to the same ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the didactic and clinical phases of the program. If preceptors observe any concerns about a student's professionalism, please get in touch with the clinical director immediately.

Prerequisites for Clinical Rotations

Immunizations:

Students must keep a copy of all immunizations outlined by the PC PA Student Bulletin policy. Students will only be permitted to begin clinical rotations if they provide documentation of completing the immunization requirements to the program. All information will be stored in the secure database with a health records maintenance vendor in compliance with the PC PA Student Bulletin policies.

Clinical sites may require annual updates of certain immunizations or tests. Updates of the following should be provided to the program by the stated deadline:

- Influenza: Documentation of annual vaccine by November 1 of the clinical year
- Tuberculosis: Documentation of annual TB screening through TST, IGRA (recommended for students with a history of BCG vaccination), and/or chest x-ray with clinical assessment (recommended for students with a history of a positive TST); Annual screening must be completed by the assigned date given by the Clinical Director before commencing clinical rotations. Failure to update TB screening or documentation will result in a delay at the beginning of the second year of the program

Future updates and additional immunizations may be required to place students on clinical rotations and will be disseminated to students by the Clinical Director.

Student Health Insurance:

Students enrolled in the program must have health insurance in force at all times and be able to demonstrate proof of such coverage upon request by the program. Students are responsible for their health insurance and health care costs.

Student Liability Insurance:

Each Presbyterian College PA student is covered for malpractice insurance up to one million dollars per claim and three million dollars aggregate. Preceptors or sites that may become a student's future employer should NOT have the student assume any employee responsibilities while in the student role during a clinical rotation. This is vital in preserving the professional liability coverage provided to the student and protects the student, the preceptor, the site, and Presbyterian College. Liability coverage will not cover any student while acting outside the role of an assigned clinical rotation.

Criminal Background Check:

The initial criminal background check must be completed before matriculation; annual background checks for returning students must be completed by the deadline specified by the Admissions Director. Failure to comply with required criminal background checks will delay progression or prevent a student from completing the professional degree program. For more

information regarding student criminal background checks, please refer to the PC PA Student Bulletin.

Required Drug Screenings:

The program requires drug screens on its students before enrollment and annually after that. Drug screening may also be performed randomly with or without cause. The initial drug screen must be completed by matriculation; annual drug screens for returning students must be completed by the deadline specified by the Clinical Director before commencing clinical rotations. Drug screen results are verified by a third party (Castle Branch), and some clinical sites require proof of drug screen per affiliation agreements.

Clinical Year Attendance

Promptness is one of several traits that healthcare professionals should display. Student attendance and punctuality are mandatory for all clinical rotations. Students are not permitted unexcused absences from clinical rotations. A student is expected to be present at their assigned site on the days and during the times designated on the Program course schedule for the days and times specified by the preceptor for all scheduled days of the rotation. Except for illness, injury, or emergencies, students should contact the Clinical Director before contacting the preceptor to request time off or any change to the published schedule. A student who does not complete the required coursework for any rotation could receive a failing grade and be required to remediate that entire rotation.

Scheduled Absence:

A scheduled absence is initiated by the program. The program will notify the preceptor in advance.

Excused Absence:

In the event of an anticipated absence, the student must request an excused absence from the Clinical Director well before the need to be away from the site. In the event of excused absences, the student is still responsible for achieving the learning outcomes and objectives required for each clinical rotation. The time missed must be made up if the schedule allows.

Absences that are due to personal illness, illness or death of an immediate family member, inclement weather (see Inclement Weather Policy), or unavoidable mishaps (such as an automobile accident on the way to the rotation) are typically considered excused absences provided that the student communicates with the Clinical Director and the preceptor as soon as the situation allows. A letter from a physician or other appropriate professional familiar with the circumstances will be required to substantiate the reason. Missed rotation assignments or work must be made up before the semester's end and the next rotation's start, whichever comes first.

Unexcused Absence:

An unexcused absence occurs when a student is tardy or, fails to arrive at the appointed time, leaves before the scheduled departure time, or fails to show up at the site for a full day or more without prior permission and knowledge of the preceptor or the Clinical Director. Consequences will include rotation reassignment, rotation failure, professionalism charges, and delay or prevention of graduation.

Other Absences:

Students should not plan or request absences from their clinical site due to vacation, outside work obligations, homework assignments, or other events other than emergencies. The student must report any tardiness or absence to the Clinical Director.

Holidays:

Students in the clinical year are not eligible for school holidays but should adhere to the site's holiday policy for the rotation dates.

Travel Time for Distant Rotations:

Students who elect to do rotations that require air travel or other extensive travel plans are not guaranteed additional time from a previous or subsequent clinical rotation to accommodate such travel. Students must notify the Clinical Director before finalizing any travel plans that cannot be changed without penalty. The program is not responsible for reimbursement to the student for any penalties incurred when schedules are made without coordination with and approval by the Clinical Director. Early departure or late arrival at any clinical site due to travel issues could be considered an unexcused absence.

Exposure Policy

The CDC publishes information on needle stick protocols; students and preceptors should be familiar with these protocols. These protocols are at:
<https://www.cdc.gov/niosh/topics/bbp/sharps.html>.

If a student is exposed to the body fluid of a patient:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate the eyes with clean water, saline, or sterile irrigation
- Immediately report the exposure to the preceptor and follow any site-specific incident reporting
- Contact the Clinical Director immediately
- Go for post-exposure evaluation (prompt reporting is essential because, in some cases, post-exposure treatment may be recommended, and it should be started as soon as possible – within hours)

The Preceptor-Program Relationship

If a preceptor has a question or concern about a student, s/he should contact the Clinical Director. 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. In addition, open communication and early problem-solving help to avoid a diminution in the education experience. The success of clinical training of PA students depends on maintaining good communication among the student, the program, preceptors, and the Clinical Director. All members of the team should be in active communication with each other.

Preceptor Development

Tools specific to each of the appendices listed below can be found in the electronic copy of this handbook, online through the web-based student tracking portal, and on the PAEA website at www.PAEAonline.org, under Preceptor and Faculty Resources.

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

Preceptors will be oriented to the clinical rotation year by the Clinical Director or faculty designate when identified. This will include providing a copy of this handbook, the relevant clinical rotation syllabus, all Program contact information, and access to the above tools, including Preceptor Orientation materials available in the web-based tracking portal.

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- Pace University
- University of Utah
- Yale University School of Medicine

Appendix

Integrating Students into a Busy Practice

The Model "Wave" Schedule

This resource provides an actual schedule for a preceptor and student to follow; it allows the student to see a sufficient number of patients while also allowing the preceptor to stay on schedule and stay caught up.

https://medicine.yale.edu/intmed/education/medstudent/icpcp/preceptorshandbook_2015_2016_269226_45199_v2.pdf (See page 21)

Model Wave Schedule

8:00 am – 8:20 am Student sees pt 1; Preceptor sees pt 2.

8:20 am – 8:40 am Both Preceptor and Student see Pt 1.

8:40 am – 9:00 am Student charts on pt 1; Preceptor sees pt 3.

9:00 am – 9:20 am Student sees pt 4; Preceptor sees pt 5

9:20 am – 9:40 am Both Preceptor and Student see pt. 4.

*Wave scheduling pattern would continue throughout the day

Integrating the Learner into the Busy Practice

These articles outline five strategies for effectively integrating a student into a busy practice; they help answer preceptor questions, including "What do I do if I get behind?" and "What measures can help prevent me from getting behind?"

<https://med.emory.edu/opex/preceptors/tips/integrating-learners.html>

<https://paeaonline.org/resources/public-resources/paea-news/tips-for-making-precepting-painless-other-resources>

Time-Efficient Preceptors in Ambulatory Care Settings

This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting.

https://journals.lww.com/academicmedicine/Fulltext/2000/06000/Time_efficient_Preceptors_in_Ambulatory_Care.16.aspx

Evaluating and Teaching Strategies

Evaluation Using the GRADE Strategy

This easy-to-use tool provides five simple tips on how to evaluate PA students effectively

<https://cdn.mednet.co.il/2015/08/evaluation-using-the-grade-strategy.pdf>

The One-Minute Preceptor

This resource outlines five "micro-skills" essential to clinical teaching

<http://paeaonline.org/wp-content/uploads/2017/02/One-Minute-Preceptor.pdf>

Feedback and Reflection: Teaching Methods for Clinical Settings

This article describes how to use these two clinical teaching methods effectively

https://journals.lww.com/academicmedicine/Fulltext/2002/12000/Feedback_and_Reflection__Teaching_Methods_for.5.aspx

Characteristics of Effective Clinical Teachers

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.

<https://fammedarchives.blob.core.windows.net/imagesandpdfs/pdfs/FamilyMedicineVol37Issue1Buchel30.pdf>

Providing Effective Feedback

Getting Beyond "Good Job": How to Give Effective Feedback

This article outlines why feedback is important, the barriers to feedback, and how to give constructive feedback

https://dme.childrenshospital.org/wp-content/uploads/2018/07/Gigante-J_Getting-Beyond-Good-Job_How-to-Give-Effective-Feedback_Pediatrics-2011.pdf

Feedback in Clinical Medical Education

This article provides effective guidelines for giving feedback

https://www.bu.edu/sph/files/2012/01/Ende_Feedback-in-Clinical-Medical-Education.pdf

Ask-Tell-Ask Feedback Model

This document outlines a feedback model that encourages students to identify their strengths and areas of improvement

<https://www.sciencedirect.com/science/article/abs/pii/S1931720415001488>

Providing Difficult Feedback: TIPS for the Problem Learner

This article provides an easy-to-use "TIPS" strategy to address difficult learners or learning situations

<https://fammedarchives.blob.core.windows.net/imagesandpdfs/fmhub/fm2003/September/Jamee544.pdf>

Setting Expectations

Developing Expectations

This document outlines how orienting a student into your practice and setting positive expectations can benefit both preceptor and student

<https://paeaonline.org/wp-content/uploads/imported-files/IntroducingOrienting-a-PA-Student.pdf>

Aspects of Conflict Resolution

This article discusses the causes of conflict, approaches to conflict resolution, and techniques/strategies to resolve conflict effectively

<http://www.edcc.edu/counseling/documents/Conflict.pdf>

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