

PRECEPTOR HANDBOOK

Macon & Joan Brock Virginia Health Sciences



MACON & JOAN BROCK VIRGINIA HEALTH SCIENCES
Physician Assistant
AT OLD DOMINION UNIVERSITY



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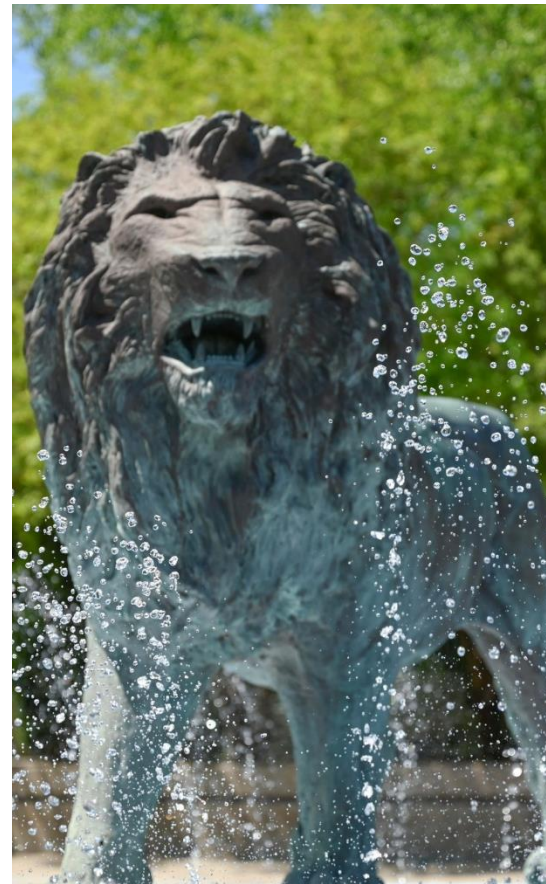
INTRODUCTION

We would like to take this time to thank you for educating the next generation of PA providers. Your time and dedication are valued. The experiences the students have at your practice are vital to their success in our program. Learning while in the clinical setting provides students the opportunity to synthesize concepts and apply principles they've learned in the didactic portion of their training. As a preceptor, students learn from your expertise and by example. Students should learn progressively as they develop and refine skills and clinical judgement through your supervision. This handbook is intended to serve as a guide for precepting. Thank you again for your commitment to their education.

CLINICAL YEAR GOALS

The goals for students in the clinical year is to take them from the classroom setting to an active, hands-on learning environment preparing them for clinical practice. These goals include:

- Application of medical knowledge and skills
- Expanding fund of knowledge
- Refining clinical reasoning and problem-solving skills
- Perfecting history-taking and physical exam skills
- Refining oral presentation and note writing
- Broadening their understanding of the role of the PA
- Enhancing interpersonal and professional skills to develop their professional identity in a respectful, inclusive way to
- Functioning as a vital member of the healthcare team
- Encountering patients from various demographics and clinical settings
- Preparing for the PA National Certifying Exam



STUDENT LEARNING OUTCOMES

Following the Core Competencies for New PA Graduates, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Standards, and our program Student Learning Outcomes (SLOs), the following outlines the expected knowledge, skills, and attitudes necessary to demonstrate entry-level proficiency in the outpatient, inpatient, or surgical setting. The following is an overview of the learning outcomes for all rotations. Syllabi are provided for review on our website which details outcomes for specific rotations. Students are expected to:

- Elicit a patient history with necessary related historical elements depending on the patient visit type.
- Perform age-appropriate complete, when appropriate focused, physical examinations with required physical exam techniques.
- Appropriately identify and evaluate the patient's condition.
- Formulate an accurate diagnosis based on a history, physical, and diagnostic studies.
- Recommend appropriate disposition of patients according to the patient's condition.
- Discuss management plans for the patient's condition, including disposition, counseling, and specialty referral.
- Recommend medications based on indication, patient profile, potential adverse effects, and drug interactions.
- Assist or perform common procedures depending on the medical discipline under the preceptor's supervision.
- Apply clinical reasoning skills to order and interpret appropriate lab and diagnostic testing.
- Exhibit evidence-based, comprehensive medical knowledge of emergent, acute, and chronic conditions based on patient-specific factors.
- Document patient encounters thoroughly.
- Communicate patient presentation to the preceptor clearly and concisely.
- Demonstrate appropriate response to feedback.
- Apply evidence-based medical knowledge.
- Engage in a self-directed approach to learning.
- Participate in interprofessional and collaborative interactions.
- Establish a strong work ethic modeling integrity, responsibility, and initiative.
- Exhibit respect for other persons promoting collaboration and effective communication.



*Accreditation Review Commission on Education
for the Physician Assistant, Inc.*



Precepting Roles and Responsibilities

PRECEPTOR ROLE

The preceptor is integral in our program serving as an essential role model for students. Through guidance and teaching, the preceptor helps the student improve skills in history taking, physical examination, communication, documentation, diagnosis, assessment and plan development, and coordination of care. Providing feedback to the students is important for development and progress for goal development on future rotations.

Preceptors can be an MD, DO, PA, or NP and must be board certified in their area of practice and have a minimum of 2 years clinical experience in the field they are teaching. They are expected to supervise, demonstrate, teach and observe clinical activities to aid in the development of clinical skills and ensure proper patient care. Preceptors should increase levels of responsibility in clinical assessment and management as appropriate to the student's experience and the comfort of the preceptor.

PRECEPTOR-PROGRAM RELATIONSHIP

The success of the clinical training of PA students relies on the preceptor maintaining good communication with the student, the program staff and faculty. If a preceptor has a question or concern about a student, they should contact the Program. We strive to maintain open relationships with preceptors and community partners. We encourage open communication so the program can address any problems or concerns expeditiously without undue burden to the preceptor. Early troubleshooting may prevent further diminishing of the educational experience.

PRECEPTOR-STUDENT RELATIONSHIP

The preceptor-student relationship should be defined as professional with adherence of appropriate boundaries. To avoid compromising situations, the student and preceptor should carefully evaluate any consideration of social activities and personal relationships outside of the learning environment. Contact through social media (e.g. Facebook, Instagram) should be avoided until after the student has matriculated from the program.

ATTENDANCE POLICY

Students are expected to be present and to follow the schedule the preceptor and site provide. Students are prohibited from negotiating schedules with the preceptor. If there are any concerns about scheduling, the student and preceptor should contact the Program. The Program policy on attendance allows three full clinic days off each semester (every 16 weeks) with advanced notification to the Program. If this policy is not abided by, please notify the Program directly. If there are any questions or concerns regarding attendance, contact the Program for clarification. Students are expected to be present and engaged in their clinical rotation responsibilities as scheduled. We recognize emergencies and unexpected circumstances may occur that require the student's attention and time. This policy honors that. Absences may require make-up time. In that instance, the Program or student will contact you to coordinate.

DISABILITY POLICY

The Program has specific guidelines and policies for students seeking accommodations. Students are required to self-initiate through the institution's disability officer. Preceptors are not responsible for determining the parameters or adjusting schedules based on student requests for accommodations and should encourage students to contact the Program for guidance.

PRECEPTOR RESPONSIBILITIES

The Preceptor agrees to:

- Orient the student, at the beginning of the rotation, with respect to policies and procedures at clinical site(s) where the student will accompany the Preceptor.
- Review expectations and objectives for the rotation in an effort to develop a strategic plan to achieve.

- Provide the student with an appropriate clinical environment and a variety of patient encounters which enable the student to meet the program's objectives (above).
- Provide a minimum of 40 hrs/week participation in clinical activities. This can also include activities such as directed research or reading assignments, presentation of topics, case review or studies, etc. Other clinical activities may include but are not limited to participating with clinical staff on call backs, charting and developing skills such as spending time in the lab or ultrasound, etc.
- Allow students to actively participate in patient care under appropriate supervision and delegate increasing levels of responsibility for clinical assessment and plan development as skills improve. However, the preceptor must retain full responsibility of the patient's care.
- Recognize the student is on a learner status and ensure students do not render patient care beyond the realm of educational value and as permitted by professional standards.
- Identify students to patients and staff as PA students.
- Students cannot be utilized as a substitute for clinical or administrative staff.
- Allow time for teaching activities. This can be accomplished through structured teaching, chart review, reading assignments, or informal consultations between patient encounters.
- Expose students to and teach current practice guidelines and the accepted standards of care.
- Provide direct supervision of technical skills with gradually decreased supervision as the student exhibits increased levels of expertise. Every patient must be seen, and every procedure evaluated by the preceptor or assigned supervisor before discharge.
- Review and co-sign all student documentation and charting. If a student is unable to directly document in the electronic health record, preceptors should make an effort to review student write-ups on plain paper and review them for accuracy and appropriateness.
- Provide the student and program faculty with ongoing constructive feedback regarding the clinical performance of the student including but not limited to the Preceptor Evaluation of Student in a timely manner in order to provide the student with action items for their next clinical rotation.
- Inform the Program if taking a vacation of one week or greater while supervising a student. Student supervision may be delegated to another licensed healthcare provider at the site during the period of absence with Program approval.
- Notify the Program of any significant deficiencies or issues of professional misconduct that might diminish the overall learning experience.

SUPERVISION

During a student's time on the rotation, the preceptor must be available for supervision and/or consultation. Although the supervising preceptor may not be with the student during every shift, it is important to clearly assign the student to another MD, DO, PA or NP who will serve as the alternate preceptor for any given time. In the case where supervision is not available, students may be instructed to complete an assignment or may spend time with an ancillary staff (radiology, laboratory services, physical therapy, etc).

Students enrolled in the PA program cannot substitute for practicing PAs or provide unsupervised services common to a certified PA while at a learning site. Students are not staff and therefore employee policies do not apply, nor may the student earn a salary for their services as a student or work in any other capacity at clinical sites. Students are not employees of the hospital or clinics and, therefore, work entirely under the

preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical site.

Appropriate supervision of the PA student is expected at all times during the clinical experience. 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 must be evaluated prior to the patient being discharged. PA students will not be allowed to see, treat, or discharge a patient without evaluation by 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 year continues, they should be able to more effectively develop an appropriate assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. 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 to:

- Progressively increase supervised autonomy.
- Perform and interpret common lab results and diagnostics.
- Perform procedures with proper guidance from preceptors.
- Develop assessment and management plans.
- Educate and counsel patients across the lifespan regarding health-related issues.

FEEDBACK TO THE PROGRAM

The preceptor is encouraged to provide feedback to the Program. Feedback on the program processes and education is always encouraged and should be provided to the clinical director. Formal feedback is given by completion of the Preceptor Evaluation of Student discussed in the following paragraph.

STUDENT EVALUATION

The preceptor is responsible for thoroughly and thoughtfully completing an evaluation at the end of the rotation. These are completed in Exxat and should be completed in a timely manner, within one week of completion of the rotation. Providing timely completion of the evaluation provides the student with important information for development and progress as well as for goal development on future rotations. Performance or professionalism concerns prior to the evaluation completion should be directly discussed with the Program. The provider should participate in the evaluation of clinical skills and medical knowledge through the following mechanisms:

- Direct supervision, observation and teaching in the clinical setting
- Evaluation of oral and written presentations
- Assigned readings and research to promote further learning

Preceptors should inform students of their strengths as well as opportunities to improve upon weaknesses. It should also assess progress in comparison to other PA students at the same level. Preceptors should ensure the student has the appropriate knowledge, skills and judgment to perform the delegated task to ensure patient safety.

STANDARDS OF PROFESSIONAL CONDUCT

It is expected that preceptors involved in the education of PA students will:

- Maintain an ethical approach to the care of patients, colleagues and students.
- Maintain a professional relationship with the PA student at all times.
- Avoid exploiting the power differential that is inherent in the relationship.
- Avoid situations involving potential conflicts of interest, and not intimidate or harass the PA students emotionally, physically or sexually.



PROGRAM'S COMMITMENT TO STUDENT FEEDBACK

Concerns raised through student evaluations are taken seriously and addressed promptly and transparently, to support both the student's and preceptor's growth. After each SCPE course, PA students complete evaluations of rotation sites and preceptors. Clinical year faculty review all evaluations and concerns that are raised regarding professional conduct or that highlight the expectations outlined above are not being met will be addressed in the following manner following a tiered approach.

TIERED APPROACH FOR ADDRESSING CONCERNS

The tiered approach offers a structured, graduated response to resolve issues while considering the preceptor, site, and students. This process will ensure that concerns are addressed in a thorough, professional, and supportive manner, fostering a positive learning environment for students and preceptors. Throughout the process, student's personal information will remain confidential. The tiered approach follows the steps outlined below.

- **Tier 1:** Discussion and feedback-Address minor or initial concerns in a supportive manner offering the preceptor or site contact the chance to improve without formal intervention.
- **Tier 2:** Meeting and Improvement Plan-When concerns persist or are more significant, address the situation with a structured improvement plan and a clear timeline for progress.
- **Tier 3:** Termination-Failure to meet the program's standards after intervention and support, may result in termination and the inability to host future PA students.

REINSTATEMENT OF SITE OR PRECEPTOR AFTER TERMINATION

Preceptors and sites that request to be reinstated after termination will follow the reinstatement process.

- **Review of Termination:** Assess the original reasons for termination and the steps taken for improvement.
- **Meeting with Preceptor/Site:** Collaborative discussion to outline expectations and create a probationary action plan.
- **Probationary Period:** Monitor progress through student feedback, check-ins, and regular assessments.
- **Final Evaluation:** Evaluate the overall success of the improvements and re-evaluate the site or preceptor to determine if expectations of reinstatement are met.
- **Decision:** Determine whether to reinstate the preceptor or site.

Egregious reasons for termination may disqualify a preceptor or site from reinstatement.



STUDENT EXPECTATIONS

STUDENT RESPONSIBILITIES

The following outlines expectations of students while on clinical rotations related to behavior and conduct. Students are expected to:

- Complete all application forms and requirements set forth by each assigned clinical site by the deadlines outlined by the program.
- Wear an identification tag, bearing name and designation as a PA student at all times.
- Verbally identify themselves as a PA Student during all encounters with patients, staff and clinicians at every clinical site.
- Report to clinical sites on time and prepared to work a minimum of 40 hours per week, as assigned by the site and preceptor.
- Work nights, weekends, and participate in on-call shifts as required by the site or preceptor with no maximum hour requirement.
- Accrue required number of hours for each rotation. If the hours do not reach a minimum of 40 hours per week, the student needs to discuss this with the clinical director.
- Communicate with the preceptor at the beginning of the rotation to discuss goals and preceptor expectations for the rotation and check in periodically to request feedback on progress.

- Engage in clinical or educational activities during the evenings and weekends such as directed study on topics, creating and presenting topics, attending didactics as assigned by the preceptor or site.
- Document all patient encounters and work hours via Exxat.
- Consult with the preceptor regarding clinical findings, interventions, and patient management plans.
- Confer with the clinical preceptor regarding all policies and practices related to medical record entries and/or dictation procedures at the individual clinical site. When a student makes any entry into a patient chart or medical record, the document must be signed with student name, PA-S. All student entries must be cosigned by the Clinical Preceptor or his/her designee.
- Acknowledge limitations as a student pertaining to PA practice, always working under a preceptor and never functioning as an employee or assuming primary responsibility for a patient's care.
- Exhibit understanding in situations that require the program to re-assign students if the clinical site is unable to fulfill the educational expectations or if the student has demonstrated inappropriate behavior, insufficient clinical knowledge, or behavior that jeopardizes the ongoing participation of the clinical site for future students.
- Check email and Exxat schedule daily for program communications.
- Notify the program of any preceptor absences or change in schedule so that an alternate assignment may be made.
- Conduct themselves in an ethical and professional manner adhering to program and preceptor/site policies and guidelines.
- Display appropriate level of professional demeanor at all times.
- Interact in a respectful, professional manner in all patient, clinical site staff, and preceptor interactions.
- Cooperate with preceptors and the faculty of the PA program at all times.
- Report any potential medical liability incidents, related to their activities, to the clinical preceptor and the Clinical Director.

STANDARDS OF PROFESSIONAL CONDUCT

PA students are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to: respect, flexibility, academic integrity, cultural competency, accountability, honesty, and trustworthiness. It is expected that any preceptor involved in the education of a PA student will report to the clinical director or institution any behavior(s) suggestive of incompetence, incapacity, unprofessionalism, or ethically questionable behavior regarding interactions with patients, supervisors, staff or colleagues.

STUDENT DOCUMENTATION AND PRESCRIPTION WRITING

Students will confer with the preceptor regarding general practice of chart entries and/or dictation procedures of the clinical site. Preceptors should understand how different payers view students notes related to documentation of services provided for reimbursement purposes. Students must receive permission from the preceptor prior to accessing or making written entries into the patient records. Student entries in records must include status (e.g. Student Name, PA-S/PA-Student) and must be countersigned by the preceptor. Preceptors are required to document the services they provide as well as review and edit all student documentation. Students' notes are legal and contributory to the medical record. The preceptor must document that the student was supervised during the visit and which aspects were supervised. CMS no longer requires clinicians serving as preceptors re-perform student-provided documentation. As of January 1, 2020, preceptors can verify by signing and dating student documentation. There are no restrictions on the

verification of student-provided documentation based on the profession (i.e. preceptor does not have to be a PA to verify the documentation of a PA student). See details here:

<https://paeaonline.org/resources/public-resources/paea-news/cms-finalizes-student-documentation-proposal>

Writing notes is a critical skill for PA students to develop. With EMRs, this can present a challenge within some organizations. If a student is unable to directly document in the patient's chart or enter the data in the electronic health record, preceptors should try to review student written notes and review for accuracy and appropriateness.

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 sites that use electronic prescriptions, the preceptor must log into the system under their own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

LIABILITY COVERAGE

All clinical students are covered by liability insurance. The insurance will not cover a student for the following:

- Assuming a role outside the assigned clinical rotation
- Shadowing outside of their assigned clinical rotation for a job interview or interest-only purposes
- Participating in clinical activity outside of the preceptor's credentialed hospital

INTEGRATING THE STUDENT INTO PRACTICE

A placement notification email containing a link to the student's picture and information will be sent through Exxat, our educational management software. Students are expected to be present for all activities as assigned by the preceptor. In general, students are advised to follow the preceptors' schedule. If you attend a noon conferences at a local hospital, the student can be asked to attend as well. Other activities may be assigned to further the educational experience.

Preceptors are often concerned that a student will impede patient flow. While this may happen in the beginning, here are practices that can minimize or eliminate this:

- Introduce the student to staff and inform them of each staff member's responsibilities.
- Ask the student to write down questions so they may ask them all at once rather than asking as they go. Set aside a time each day or once a week to discuss the student's questions.
- Once you are comfortable with the student's history and physical examination and skills, utilize the student to perform these tasks and skills. For example, patient education (i.e. use of an inhaler, wound care management, etc.).
- Rather than reviewing all aspects of each patient encounter, choose smaller segments. For instance, the first patient seen by the student, focus on history. The second patient, focus on physical exam and follow-up. The third focus on treatment plan, and the fourth discuss diagnostic work-up.

Students can be assigned reading during "down time" or review lab work for the patients coming in the following day. They may conduct education sessions with patients you have seen. This can be done while you move on to the next patient. You can have the student explain a medication or instruct the patient on a diabetic diet. It is acceptable to ask the student to read on a topic and be prepared to discuss. It will add to the educational process if you can link this topic to a patient. You can ask the student to research a diagnosis and most current treatment for the condition of a particular upcoming appointment.

Make sure the student is aware of your preferences regarding patient charting. If the student is unable to write in the chart or EMR have them write a separate SOAP note to be reviewed later. Be very clear with the student exactly how much time you expect them to take with each patient. This time may start out lengthy, but expectations of improvement should be shared.



Students may not initiate a patient encounter without permission from the preceptor or their designee. It is acceptable to ask the student to “Arrive at the hospital at 0600, perform a follow-up visit on all patients, gather and evaluate labs and write notes prior to my arrival. Be prepared to present the patients when I arrive at 0700.” Students in this case are functioning under your direction. However, students may not initiate any treatment plan or diagnostic work-up unless it has been approved by the preceptor or their designee and the preceptor has also evaluated the patient. Patients may not leave the facility without being seen by the preceptor or their designee.

ORIENTATION

Orienting the student to the clinical site facilitates the transition allowing the student to become a member of the healthcare team. It also establishes enthusiasm and a sense of belonging to the practice allowing the student to work more efficiently. On the first day, if there is additional onboarding this is a good time to complete it (badge, EMR training, etc.). The first day should also include orientation to emergency and safety procedures such as evacuation routes, location of eyewash stations, emergency services contact information, etc.

During the first week of the rotation, students and preceptors are encouraged to discuss goals of what they hope to achieve during the rotation. It is very important that the preceptor communicate their expectations early in the rotation to ensure appropriate transition and to function effectively. Expectations include:

- Hours and Schedule
- Interaction with staff and other health care team members
- Participation in didactics such as grand rounds, if applicable
- Clinical care and patient interaction expectations (i.e. flow of the office)
- Procedures and student involvement
- Orally presenting patient cases
- Documentation (written vs EMR)
- Assignments preceptor may provide



Students are expected to communicate anticipated absences during the first day. Preceptors may contact the program at any time regarding questions about the attendance policies for the program.

Written orientation notes are encouraged and can be very helpful. If you'd like to provide this to students prior to the start of the rotation, reach out to the clinical team. Some sites have had students write an orientation manual to provide for future students. If this is done, ensure the program has this on file to pass along to future students.



INFORMED PATIENT CONSENT FOR STUDENT INVOLVEMENT

The preceptor and student are obligated to inform the patient of the educational nature of the patient care and the student status of the trainee. Patients have the option to refuse student involvement and must give informed consent for student involvement. When a patient is incapable of giving informed consent, consent should be obtained from the appropriate substitute decision-maker. For emergent situations, the facilities' protocols for consent will apply.



THE ONE MINUTE PRECEPTOR

The One Minute Preceptor is a five-step technique which can be used in a variety of clinical settings. This technique encourages critical thinking and can assess where the student is in the clinical reasoning process. Following a student's patient presentation, follow this technique:

STEP ONE: GET A COMMITMENT

What do you think is the diagnosis? What is your treatment plan? What test(s) would you order? Avoid prompting the student or discussing the likely diagnosis or treatment plan at this point.

STEP TWO: PROBE FOR SUPPORTING EVIDENCE

What helped you rule out ___? Why would you order that study or use that medication?

STEP THREE: REINFORCE WHAT WAS RIGHT

Include specific behaviors or knowledge that showed student understanding and preparedness.

STEP FOUR: CORRECT MISTAKES

Include where the student needs improvement and provide guidance specific to incorrect decisions or behaviors. Describe what was wrong and how to avoid errors in the future.

STEP FIVE: TEACH GENERAL RULES

Find a practical teaching point (or two) that can be applied to other clinical situations.





DIVERSITY AND INCLUSION STRATEGIES

PA education is committed to growing diversity and inclusion among its faculty, students and preceptors. It is important that students are provided with opportunities to demonstrate their ability to understand and care for diverse patient populations. Clinical preceptors can contribute to these efforts using some of the following strategies:

- Recognize that students come from a variety of backgrounds with differences that contribute to variations in habits, practices, beliefs, and values.
- Intentionally seek opportunities for students to care for patients with diverse backgrounds, habits, practices, beliefs and values.
- Engage the student in dialogue about diverse patients and team members and provide formative feedback regarding their interactions and perceptions.
- Become a mentor for prospective PA students who are from underrepresented minority groups.
- Encourage students to engage in conversations about health equity and social determinants of health.

IMPORTANT PHONE NUMBERS AND EXTERNAL LINKS

PHONE NUMBERS

Angela Conrad, MPA, PA-C, DFAAPA Associate Professor/Clinical Director ConradAM@odu.edu	757.446.7279
Joy Hampton, DMSc, MS, PA-C, DFAAPA Assistant Professor/Clinical Educator HamptoJM@odu.edu	757-446-0352
Tiffany Smith Clinical Coordinator smithTL@odu.edu	757.446.5673
Tabitha Rodgers Clinical Coordinator rodgerTR@odu.edu	757.446.7193

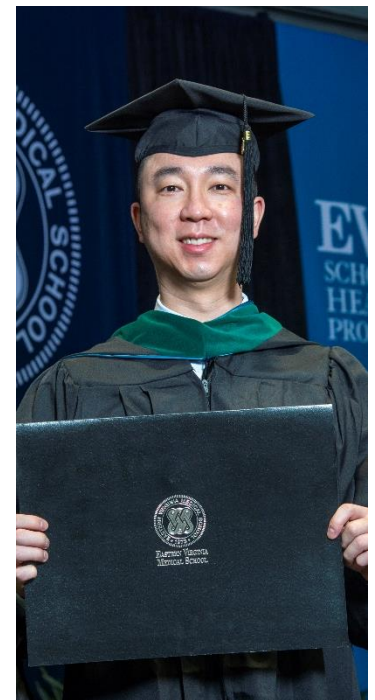
EXTERNAL LINKS

The following links may be useful in learning more about the PA Profession:

- The American Academy of Physician Assistants | www.aapa.org/
- The Virginia Academy of Physician Assistants | www.vapa.org
- The Physician Assistant Education Association | www.paeaonline.org

Thank you!

The mission of the Physician Assistant program is to prepare students to provide healthcare in a broad range of medical settings by training them in the medical arts and sciences in an inclusive, multicultural environment dedicated to the delivery of patient-centered care, while fostering a strong commitment to clinical and community partnerships. The overall goal of the PA program is to prepare graduates to provide quality healthcare and to nurture their service as capable leaders in clinical, research and community service environments.



On behalf of the administration, faculty and staff, we thank you for your continued commitment to our program and your contribution in creating the next generation of Physician Assistants!