

Preceptor Orientation Handbook:

Tips, Tools, and Guidance for Physician Assistant Preceptors



Augusta University

Physician Assistant Department

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Acknowledgements

This handbook was developed by the Clinical Education Committee of the Physician Assistant Education Association.

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This document contains excerpts and adaptations from Preceptor Orientation Handbooks from the following PA Programs:

Eastern Virginia Medical School Physician Assistant Program
Emory University Physician Assistant Program
Loma Linda University Physician Assistant Program
Medical University of South Carolina Physician Assistant Program
Nova Southeastern Physician Assistant Program
Pace University Physician Assistant Program
University of Utah Physician Assistant Program
Yale University School of Medicine

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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 knowledge and skills the student will obtain in your practice are of critical importance for a successful learning experience in our program. The clinical setting integrates medical concepts with application of principles and technical skills for quality health care delivery. You, as a clinical preceptor, are the key to a successful learning experience in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to PA education!

General Goals of the Clinical Year

The clinical year takes students from the didactic classroom setting to an active, hands-on learning environment, preparing them for a lifetime of continued refinement of skills and fund of knowledge as a practicing PA. To this end, the goals of the clinical year include:

- Apply didactic knowledge in supervised clinical practice
- Develop and sharpen 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 role in health care delivery
- Prepare for the Physician Assistant National Certifying Exam
- 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 individual 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 teaching program. Preceptors will serve as role models for the student and, through guidance and teaching, will help students perfect skills in history taking, physical examination, effective communication, developing differential 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 can be done with the student informally each week or at a designated time and can be formally reported to the clinical coordinator by submitting mid-rotation and end-of-rotation evaluations
- Supervise, demonstrate, teach, and observe clinical activities in order 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 further learning
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process
- Audit and co-sign charts in order 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 as well as their improvement throughout the rotation
- Promptly notify the PA program of any circumstances that might interfere with the accomplishment of 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

The Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times 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, Instagram) 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 in the clinical setting. The Board of Regents also has an “Amorous Relationship Policy,” please see below.

Amorous Relationships - BOR - Policy No. 8.2.18.6

A University System of Georgia (USG) employee, including a graduate teaching assistant, is prohibited from having a romantic or sexual relationship with any student or USG employee who the individual supervises, teaches, or evaluates in any way. Additionally, a USG employee is prohibited from having a romantic or sexual relationship with any student or USG employee whose terms or conditions of education or employment the individual could directly affect.

Note: External clinical instructional faculty are viewed as a proxy of the University System of Georgia's employee policy and must comply as well.

Please consult the PA Department clinical director or program regarding any questions specifically relating to 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 sense of belonging to the team as well as helps students develop the functional capability to work more efficiently.

During the week preceding the first day of the rotation, the student will be contacting the site for information about the location and time to show up on the first day. This is a good time to alert the clinic staff that the student will be on site for the next four weeks.

On the first day of the rotation (or when possible, prior to 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, and additional *site-specific* HIPAA training, if needed.

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation.

Expectations can include:

- Hours (ideally 160 – 200 hours per 4 week rotation)
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations

Written documentation:

- Assignments
- Write-ups
- Appropriate attire
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors regarding any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the PA Program Clinical Team well in advance of the clinic absence. The PA Program would like students to have at least 160 hours but no more than 200 hours per 4-week block, to ensure adequate clinical exposure and time for self-study.

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 you host, 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 has a key 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 receptionists, 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
- 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

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or, if not available, designate an alternate qualified 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, NP, 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 learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. 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. Students 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 all of 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. Medicare laws are slightly different in terms of what a student is able to document, and this 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

Patients are essential partners in this educational endeavor. 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 PA student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must 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 they 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 PA Department Clinical Team. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." 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 documentation. Although student documentation may be 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 (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own education. These notes should be reviewed by preceptors whenever possible for feedback.

Medicare Policy

The Center for Medicare and Medicaid Services (CMS) is currently reviewing and updating its rules with regard to PA student documentation. The link below does not clarify whether *PA* students are included in this update or if it only applies to *MD* students. Until this has been more clearly outlined by the CMS, preceptors of PA students should submit their own documentation of patient evaluation and management as needed for billing purposes. The PA student may scribe the note for the preceptor and if so, the role of scribe should be clearly stated in the note by the student and the preceptor when signed. Otherwise, the preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing.

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

Prescription Writing

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student's name is not to appear on the prescription. 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. The student or the preceptor must not violate these guidelines.

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 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 Evaluation

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge 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. On required rotations (i.e., core rotations required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed "not passing," the student may be requested to repeat the rotation or undergo remediation as specified by the program. The program faculty ultimately makes the final grade for a clinical rotation and the decision to pass or fail a student. The program will designate how often evaluations need to be completed. Instructions for completing mid-rotation and final evaluations are provided in a separate document.

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.

Please contact Elizabeth Prince-Coleman, PA-C, Clinical Director, at eprincecoleman@augusta.edu or Cyndi Watkins, Clerkship Program Coordinator, at cwatkins@augusta.edu for specific evaluation forms and policies, in accordance with the student handbook.

Feedback to Students

While students may have only two formal evaluations (Mid-rotation and Final Rotation Eval) during the clinical rotation, it is imperative that they receive positive and/or constructive feedback on a daily basis from their preceptors to help improve their clinical performance. Please contact Elizabeth Prince-Coleman, PA-C, Clinical Director, at eprincecoleman@augusta.edu or Cyndi Watkins, Clerkship Program Coordinator, at cwatkins@augusta.edu for specific policies or issues regarding student evaluation.

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 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
- Develop and hone technical skills by observing, participating, and/or performing procedures associated with the clinical practice
- 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
- Attentive interpersonal skills
- Ability to establish strong rapport with patients and clinical team

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 the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the physician assistant program.

If preceptors observe any concerns about a student’s professionalism, please contact Elizabeth Prince-Coleman, PA-C, Clinical Director, at eprincecoleman@augusta.edu or Cyndi Watkins, Clerkship Program Coordinator, at cwatkins@augusta.edu immediately.

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication between the student, the PA program, preceptors, and the PA Program Clinical Team. 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 Team. 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 less-than-optimal educational experience.

Liability Insurance

Each PA student is fully covered with malpractice insurance by the PA program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer 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 a patient seeks legal action. 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 health-care 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. Even in a shadowing capacity, it is not appropriate for a student to represent himself or herself or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

Rotation Calendar

	Rotation	Dates
Fall Semester August 12 – December 11, 2020	1st	August 17 – September 11
	2nd	September 14 – October 9
	3rd	October 12 – November 6
	4th	November 9 – December 4 (Thanksgiving Nov. 26)
Spring Semester January 7 – May 6, 2021	5th	January 11– February 5
	6th	February 8 – March 5
	7th	March 8 – April 2
	8th	April 5 – April 30
Summer Semester May 17 – August 3, 2021	9 th	May 24 – June 18
	10 th	June 21 – July 16
	Graduation	August 4, 2021

Holidays

Students are excused from rotations on Thanksgiving Day. Any other holidays are at the discretion of the preceptor.

Evaluations

Formal written evaluations of student performance are required at the end of the rotation. In addition, preceptors are encouraged to provide a mid-rotation evaluation. Both forms are available on One45, the online rotation management system which preceptors have access to. Instructions for submission are provided in a separate document, or contact the Clinical Team. Ideally, feedback to the student should be an ongoing process throughout the rotation. Preceptors are encouraged to immediately contact Elizabeth Prince-Coleman, PA-C, Clinical Director, at eprincecoleman@augusta.edu or Cyndi Watkins, Clerkship Program Coordinator, at cwatkins@augusta.edu with any concerns about student performance, conduct or professionalism that might arise during rotations.

Grading

Grades earned from preceptors comprise 50% of the student's rotation grade. End of rotation exams, points for form submission and other items comprise the remainder of the grade. If a preceptor determines that a student is not performing well enough to achieve a passing grade, that preceptor should contact the Clinical Team as soon as possible after discussing the issue with the student. Any corrective action needed in order for the student to successfully pass the rotation should be discussed with the student.

Objectives

Please review the rotation objectives with the student at the beginning of each rotation. The student should provide you with a copy of these objectives.

Blood & Body Fluid Exposure

If a student has been exposed to another person's blood or body fluids, please follow the instructions below:

<http://www.augusta.edu/shs/blood-and-biohazard.php>

Exposure incidents may occur through the following:

- Needlesticks or cuts from sharp objects and instruments contaminated with another person's blood or potentially infectious body fluids;
- Contact of the eyes, nose, mouth or broken skin with another person's blood or other potentially infectious body fluids.

Exposure on campus or within 30 minutes of Augusta University campus:

1. Immediately cleanse wound with soap and water or irrigate splash areas (eyes, mucous membranes) with normal saline or water.
2. Notify attending physician/nurse supervisor to report your incident
3. Labs should be ordered on the source patient: HIV Ab, HCV Ab, HBV Ag (and other labs if necessary). Be sure to write "Augusta University STUDENT EXPOSURE" on the lab requisition of the source patient.
4. Complete hospital/clinic incident report and Student Health Intake Form: [SH Exposure Incident Form](#). Please include the source patient's medical record number and source code (if assigned) on the incident form. **Keep a copy of all paperwork.**
5. Within 3 hours of exposure, report to Student Health (706-721-3448) located in Pavilion II, Mon-Fri, 8:00 am – 4:30 pm. If Student Health is closed, report to nearest emergency room for lab testing and HIV prophylaxis assessment.
6. If the treating provider has questions concerning your exposure, contact the PEP Line at 1-888-448-4911.
7. Submit a copy of your exposure paperwork to Student Health.
8. Follow-up at Student Health or designated clinic as indicated.

Exposure at another facility outside of Augusta University campus (over 30 minutes away from campus):

1. Immediately cleanse wound with soap and water or irrigate splash areas (eyes, mucous membranes) with normal saline or water.
2. Notify the facility's attending physician/nurse supervisor to report your incident.
3. The following labs should be obtained on the source patient: HIV Ab, HCV Ab, HBV Ag (and other labs if necessary).
4. Complete hospital/clinic incident report and Student Health Intake Form: [SH Exposure Incident Form](#). **Keep a copy of all paperwork.**

5. Within 3 hours of exposure, report to facility Employee Health or nearest emergency room for lab testing and HIV prophylaxis assessment (where you will report depends on the facility's exposure policy).
6. If the treating provider has questions concerning your exposure, contact the PEP Line at 1-888-448-4911.
7. Submit a copy of your exposure paperwork to Student Health Nurse.
8. Follow-up at Student Health or designated clinic as indicated.

Please present your insurance card to outside facilities during your exposure visit(s) so your insurance information may be filed or documented accordingly. Student Health is not responsible for charges incurred because of your exposure incident and you will be responsible for any charges not covered by your insurance plan.

Please contact Student Health, studenthealth@augusta.edu or 706-721-3448 for questions concerning Augusta University student exposures.

Conclusion

The AU Physician Assistant Department sincerely thanks you for your support of our program. You are the key to training Physician Assistants to become compassionate, effective and efficient healthcare providers. Please contact us with any concerns or questions.

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