Preceptor Orientation Handbook:

Tips, Tools, and Guidance for Physician Assistant Preceptors

Red Rocks Physician Assistant Program

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Acknowledgements

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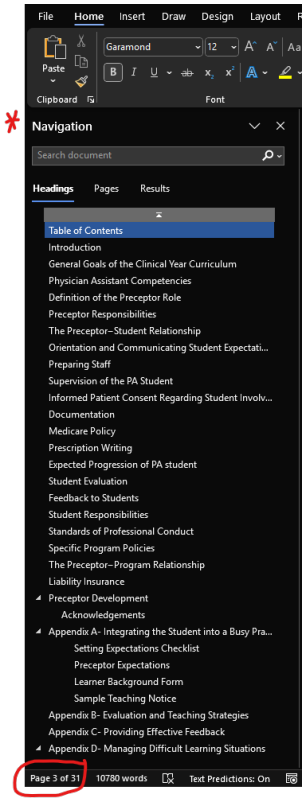
Table of Contents

Please enable the Navigation tool in MS Word to access the Heading based Table of Contents



Introduction

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

General Goals of the Clinical Year Curriculum

The clinical year curriculum takes 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 a practicing PA. To this end, the goals of the clinical year curriculum include:

- Apply didactic knowledge to 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, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities

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

- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and 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 always adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, 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. Please consult the clinical coordinator regarding specific school or university policies regarding this issue.

Orientation and Communicating Student Expectations

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

On the first day of the rotation (or 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 in the clinical rotation (preferably by day 3), 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 his or her expectations of the student during the rotation. Expectations can include:

- Hours (36-70 hours per week)
- 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
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors 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 clinical coordinator well in advance of the clinic absence.

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 onsite for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, PA, NP, or CNM 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 cases where supervision is not available, students may be given an assignment or may spend time shadowing ancillary staff (x-ray, lab, physical therapy, etc.), as these interprofessional experiences can be very valuable. The preceptor should always be aware of the student's assigned activities and location.

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

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 prior to their clinical year. However, patients must be informed that a physician assistant 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 also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and 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 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 coordinator. Students are reminded that the medical record is a legal document. All 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 co-sign the document for 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. Please review the current Medicare policies regarding student documentation, especially for reimbursement purposes. As of 2020 students are permitted to document the entire visit note provided the preceptor fully reviews and edits for accuracy and co-signs.

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

Medicare Policy

Please conduct real time research to ensure no new updates have been posted. For a reference here is a useful website:

Centers for Medicare and Medicaid Services

Please substitute the term physician for physician assistant/associate as appropriate.

Prescription Writing

Students may transmit prescribing information for the preceptor, but the physician/APP 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. These guidelines must not be violated by the student or the preceptor.

Expected Progression of PA student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the 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

Preceptors are asked to complete a mid-term and a final evaluation. The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses so as 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. For each rotation, a passing evaluation from the preceptor is mandatory. If deemed "not passing," the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty.

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 the clinical team for specific evaluation forms and policies, in accordance with the student handbook. Evaluation forms are sent electronically via Exxat prior to mid and end of rotation deadlines. Students also carry hard copies of these, which they can provide to you in the event IT challenges are encountered.

Feedback to Students

It is imperative that the students receive regular positive and constructive feedback on a daily basis from their preceptors to help improve their clinical performance. Please contact the clinical coordinator for specific policies 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
- 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 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 the clinical coordinator immediately.

Specific Program Policies

Please refer to this LINK which includes curriculum information and the Program Manual located at the bottom of this webpage and includes program-specific policies on the following:

- Workers' Compensation
- Drugs and alcohol
- Timeliness and lateness
- Needle stick procedure
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check
- Drug testing
- Sexual harassment and assault resources

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination:
http://www2.ed.gov/about/offices/list/ocr/know.html

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the clinical coordinator. All members of the team should share contact information.

If a preceptor has a question or concern about a student, he/she should contact the clinical coordinator. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

Liability Insurance

Each PA student is fully covered for 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 RRCC and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the college'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 themselves 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.

Preceptor Development

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

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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

Appendix A- Integrating the Student into a Busy Practice

The Model "Wave" Schedule[1]

This resource provides an actual time 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 not fall behind. http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf (See page 13)

– Adapted from Yale Medical School Ambulatory Clerkship Handbook

Integrating the Learner into the Busy Office Practice[2]

This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including "What do I do if I get behind?" and "What measures can help prevent me from getting behind?" http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm

Time-Efficient Preceptors in Ambulatory Care Settings[3]

This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting. http://www.paeaonline.org/index.php?ht=a/GetDocument Action/i/80706

Integrating the Learner into the Busy Office Practice

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Introduction

If one thing is certain in life, it is that your office or clinic is a busy place. Managed care and other changes are making it even busier. At the same time, your office is an increasingly valuable site for training health professionals. With sicker patients in the hospital for shorter stays, and a mandate for medical schools to produce more primary care physicians, learners are spending more of their clinical training in outpatient settings. How can you integrate these learners into your practice while maintaining your sanity and your bottom line?
The best source of practical answers to this question is community-based preceptors like you. The purpose of this monograph is to promote the exchange of these ideas and helpful hints. We will explore five steps that are important in integrating learners into the practice and provide examples from other preceptors' experiences. Some of these ideas may be very helpful for your particular precepting circumstances; others may not. We hope that you

find at least a few new suggestions that you can use. As you read this monograph, we encourage you to think about your own tips for teaching learners in a busy practice. The ideas that you provide in the post-test will, with your permission, be shared with other preceptors in future preceptor development activities.

This monograph is geared to experienced and new preceptors of both students and residents. It will:

1. Identify five steps in integrating learners into the office
2. Share time-saving and efficiency-enhancing hints from other preceptors for each of these steps
3. Help you identify and encourage you to share your own helpful hints

Five Steps to Integrating Learners into the Busy Practice

As you work to integrate learners into your practice, there are five steps to consider: 1) orienting the learner to your practice, 2) encouraging patient acceptance of both your learners and your practice's role as a teaching facility, 3) adapting your patient schedule when working with a learner, 4) keeping the flow going, and 5) finding time to teach. As we go through each of these steps, we will provide hints other preceptors have found helpful in working with learners.

Orientation

The learner usually arrives first thing on a Monday morning to a busy office, often after you have had a busy weekend. Learners and faculty report that without a clear orientation process, it can take as long as two weeks for learners to figure out how to pace themselves, focus their ambulatory care encounters, set priorities for patient visits, write up charts, and present cases (Kurth, Irigoyen, & Schmidt, 1997). Taking the time at the very start of the rotation to instruct learners in these areas will pay off in increased efficiency throughout the rest of the rotation. (For more discussion of the topics to cover in orientation, see the monograph on "Setting Expectations.")

What does an efficient and effective orientation include?

Establishing a system for orienting learners can help assure that you will cover all the relevant points with each new learner. For example: Some preceptors use a checklist to remind them of the topics to cover in orienting the learner to their practice and clarifying expectations of him or her (see example in Appendix A).

If you have learners regularly, it can ultimately save time to write out these policies, procedures, and expectations, and then answer questions after the learner has reviewed your handout. Having learners write down their past experience, which you review in your first meeting with them, is an efficient first step in your assessment of their level and skills (see form in Appendix B).

Developing 5-7 achievable rotation objectives with the learner can help you focus your teaching for the rest of the rotation. Preceptors who go through this process often write these rotation objectives down and hang them in the clinical area, to make sure other staff are aware of the learner's interests and pull him or her in for relevant cases. Encouraging others to participate in the orientation process helps lighten your workload and also helps your staff feel invested in the learner's education. For example:

- Your office manager can orient the learner to the office procedures, charting, scheduling, etc.
- Your lab technician can do an OSHA orientation to your office.
- Some offices have learners go through the office as a patient. The learner registers at the front desk and has a seat in the waiting room, is later taken back to an exam room by a nurse and is oriented to the exam room and nursing procedures, goes to the lab and is introduced to the types of tests that are available, and finally stops at the billing window for an orientation to the billing sheet and medical records. (DaRosa, Dunnington, Stearns, Ferenchick, Bowen, & Simpson, 1997).

Finding time to sit down with a learner can be a challenge on a Monday morning. The preceptor's detailed orientation need not occur first thing in the morning. After an initial orientation by staff and brief introduction by you, the learner can shadow for part of the morning, allowing time for a more leisurely orientation at lunch. One preceptor prefers to meet his learners the evening before their first day of the rotation, when they arrive in town. This arrangement allows more time to meet in a less hectic environment. A thorough learner orientation sets each rotation off to a good start. It familiarizes the learner with office systems and your expectations in an efficient manner. It helps prevent learner mistakes. While orientation requires some extra time at the start of the rotation, this responsibility can be shared with office staff and there is some room for flexibility as to when the orientation session is scheduled.

Patient Acceptance

Many preceptors who are thinking about having learners become a part of their practice are concerned about how their patients will respond to the presence of the learner. The majority of patients enjoy and benefit from the presence of learners. They like the increased "face time" with a provider. You can take several steps to assure this positive reaction and prevent potential problems with your patients. For example:

- Hang a notice in the waiting room indicating that your practice is a teaching site. Some schools or programs provide a certificate or plaque that indicates your participation. Or, you can develop your own (see Appendix C).
- Your office manager can submit an article for the local newspaper. This is useful for patients and can be fun for the learner.
- The nurse or staff should check with patients to make sure they are willing to be seen by a learner. It is crucial to instruct them on how to ask. Some have been known to ask, "You don't want to see a student, do you?" With a proper introduction, most patients are happy to be seen by a learner. One preceptor introduces the topic by asking the patient, "How would you like to be a teacher today?" NOTE: If possible, avoid asking patients for permission to be seen by learners in front of the learners; this is awkward for students and patients alike.
- Staff can also post a notice in the exam room or vital signs area that a learner is working with the doctor today and the patient should notify the staff if they have any questions or do not want to be seen by the learner.
- Review the schedule at the start of the day with the learner, and indicate which patients would be particularly good for the learner to see and which patients prefer not to be seen by learners. NOTE: Let the learner know in the initial orientation that some patients prefer not to be seen by a learner and that the learner should not take this personally.
- Identify patients with interesting physical findings and let the patient know how useful this is for learners to see or hear. Some patients will point out such a finding with future learners and begin to instruct them on how to examine it.
- One teaching practice emphasizes the patient's role as teacher by having each patient fill out an evaluation of the learner; questions ask about the learner's friendliness, interest in the patient and listening skills, knowledge, overall care, and whether the patient would be willing to be seen by future learners.
- Thank patients for their involvement in teaching the learner.

How patients react to your teaching depends a lot on how you present it to them. Patients are more likely to appreciate your precepting activities if they perceive them as an indication that you are an accomplished clinician, recognized by medical schools for the knowledge you have to share with learners. They are more likely to be open to a learner if they know in advance that they will be seen by the learner and if they see their role as helping teach the learner. They are also more likely to be receptive if they have the extra time to be seen by a learner; patients have more "face time" with a clinician when seen by both the learner and you, but they also have to wait longer while the learner discusses the case with you. With these precautions taken, most practices find that patients readily accept

and are interested in helping to train learners.

Scheduling

Research has shown that the presence of a learner in a practice increases the workload by about 45 minutes per day (Vinson, Paden, & Devera-Sales, 1996). Preceptors address this issue in different ways: some see the same number of patients and have a longer work day, others see fewer patients or schedule different kinds of appointments when working with a learner. How do you deal with this?

Scheduling Patients

Some preceptors block out a number of appointment spots on their schedule (intermittently during the day, or the last two) when they are working with a learner. This can be used as teaching or catch up time. Preceptors sometimes include more spots for walk-in acute problem visits on their schedule when they have a learner. These are often more interesting and appropriate for the learner and can often be handled faster than a complex follow up visit or full history and physical.

Scheduling Learner Time

The learner does not have to spend every half-day of his or her rotation with you seeing patients. Most preceptors share the teaching with others in their office. For example:

- Schedule a half-day from time to time for the learner with a practice partner or another practitioner in the community. This can give you a break and some time to catch up. In some offices, practitioners share a learner equally – although one person still needs to be identified as the primary preceptor for purposes of continuity and evaluation.
- Schedule a half-day for the learner to work with a nurse, lab technician, dietitian, and/or front office staff. Learners often report that this exposure enhances their appreciation for the other staff's roles and responsibilities, which is likely to serve the learners well as practitioners.
- Schedule other activities for the learner. On some rotations, learners already have community projects or tasks that they are required to do out of the office. Even if these are not required, they may be valuable experiences for the learner. These activities might include:

- Visiting a patient at home. Learners can take as long as they want to work up an extensive patient and family history. This activity can be particularly helpful for new learners, giving them insight into the social context of a patient's illness.
- Accompanying a patient to a sub-specialty consultation visit.
- Spending a half-day with home health, hospice, the health department, or other community agencies you work with and refer patients to.
- Visiting an industrial site may shed light on occupational health issues that arise among your patient population.
- Accompanying you on nursing home rounds, hospital rounds, and/or community health screenings.
- Writing an article on a common or seasonal health topic for the local newspaper.
- Speaking to a community group or students at the local school on a health topic. One community-owned clinic that teaches a high volume of interdisciplinary students has a standing agreement that each student will talk to the local school's fifth grade class about his or her profession and a health topic of his or her choice. The clinic has patient education materials available for students' use in preparing these talks.
- Accompanying you to a hospital medical staff meeting. Learners tend to have only limited exposure to the context in which their clinical care is provided. Attending meetings such as this give them a more three-

dimensional view of both your role as a physician and the business administration of medical care.

- Learner projects can contribute to the office. Learners can help provide follow-up phone calls for patients, conduct Quality Assurance activities or assess community health concerns, and develop patient education materials for preceptors' use. The trick is to make sure that learner activities both help you do high-priority work and are of interest to the learner. One practice that precepts regularly keeps a list of "Top 10" priority projects which learners choose from. For each project, key steps of the project are outlined and key contact people are identified (Doyle, Burkhardt, Copenhaver, Thach, & Sotak, 1998). Learner activities can include:
- Making follow up phone calls to the patients the learner has seen. This activity helps the learner develop better rapport with patients. This also makes patients more willing to be seen by a learner in the future.
- A literature search conducted on a computer database or at a regional health library. This helps learners develop life-long learning skills as it helps you get pertinent information. Increasingly, learners have access to and training in computerized literature searching. Furthermore, some universities will fax articles free-of-charge to students on community rotations, while it may cost several dollars each to have articles sent to you.
- A chart review, to conduct a Quality Assurance audit for the practice (be sure to set clear guidelines about what the learner should or should not look for in the chart), to identify referral patterns, or to help the learner recognize different manifestations of a common diagnosis.
- A survey of patient satisfaction or patient education needs.
- Development of patient education materials to hand out or post in the waiting room.

Precepting learners tends to lengthen the clinician's workday. Preceptors react to this fact differently: some have longer workdays for the month that they are precepting; some schedule fewer patients or more work-in acute (focused complaint) visits. You can provide periodic breaks for yourself throughout a rotation, while creating meaningful experiences for learners, by scheduling learners to work half-days with your partners and other staff in your office, with other agencies in the community, and in other types of learning activities.

Keeping Things Moving

Keeping things moving along while teaching in a busy practice is a vital and ongoing challenge. What do you do when things bog down and, more importantly, how do you prevent this from happening? Several measures can help prevent you from getting too far behind in the schedule. The learner does not need to see every patient. You can go over the schedule in advance and indicate which patients the learner should see. This allows you to select the most appropriate patients and fit in some time for the learner to write notes and look things up – and time for you to see the rest of the patients. Or you can develop a pattern: you see a patient while the learner sees another. After you finish with your patient, you review the learner's patient with him or her. See a third patient while the learner writes his or her note. Then start the cycle again. Even if the learner is not seeing all the patients, you can still pull him or her in briefly for interesting findings or appropriate procedures. Encourage your partners to grab the learner from time to time for interesting cases. This can give you a brief break and enhance the learning for the learner. Sometimes preceptors' slow things down by trying to get too much teaching in between patients. Using focused teaching techniques such as the One Minute Preceptor can make efficient use of the time. Your famous 10-minute talk on "Asymptomatic UTI" might have to wait. Some preceptors have learners present cases to them in the exam room, in front of patients. The learner goes in first to conduct a history and physical and then presents as the preceptor conducts his or her own exam. This strategy increases the preceptor's "face time" with the patient, facilitates instant follow up and feedback from the patient, and allows the preceptor to see how the learner interacts with the patient (Ferenchick, Simpson, Blackman, DaRosa, & Dunnington, 1997). When using this strategy, learners should minimize use of medical jargon and should be careful about raising sensitive issues or tentative diagnoses. Some learners will be more comfortable receiving criticism out of the exam room, when they are not in front of patients. (See "Teaching at the Bedside" monograph.)

What do you do if you get way behind schedule?
It is okay to tell the learner to work on his or her charts or to read up on something until you get your head above water. NOTE: This works best if you have informed the learner in advance that this happens from time to time, so that it is expected and they know to keep themselves occupied while you catch up. If you have a slow learner who is taking 45 minutes to see a cold, you can set strict time limits: "You have 15 minutes to get a basic history of the chief complaint and pertinent physical findings. I want you to come out after 15 minutes with whatever you have." If the learner is not out when you are ready, go in and get him or her. One preceptor threatened to charge a slow student a dollar if he were not out of a room by the specified time. Although the preceptor never collected, it added interest and emphasis, and the learner sped up considerably. A slow learner was taking copious notes during each encounter, practically transcribing verbatim the words of the patient. The preceptor took paper and pen away to help the learner be more efficient and rely on her memory of the history. Another option is to give a very small note pad to the learner and require that he or she only use one sheet per patient. There was a time when precepting advanced licensed learners such as residents in your office did not reduce your efficiency in seeing patients. Recent Medicare regulations require a high level of preceptor supervision and documentation and have put a crimp in this efficiency. As a result, some preceptors have elected to have the residents see only non-Medicare patients. For preceptors with a high proportion of Medicare patients in the practice, it would be helpful to ask the residency program for details on how to provide the necessary supervision and how to document this. This supervision and documentation usually does not take as much time as it would for you to see the patient yourself, but it does add to the time involved, and it is important to do it correctly. A daily challenge in precepting is setting a sustainable pace of seeing patients and teaching. It will help to tell the learner in the initial orientation how long you expect him or her to spend with each patient and then to go over strategies for being efficient as the need arises. Having backup activities for the learner when things get really behind – and the learner's understanding that this situation will arise periodically – can help you catch up efficiently.

Teaching Time

Precepting is supposed to be about teaching, but sometimes it is difficult to find the time or energy to get much formal teaching in. Recognize that there is a tremendous amount of experiential learning that occurs in your office. At the same time, you want to optimize the formal teaching that you do. While seeing patients itt can help to use techniques designed for the outpatient setting such as the One-Minute Preceptor. In responding to a case presentation, briefly highlight one or two things and get back to other aspects of the case later, as time permits. Sometimes when you do have a moment for teaching, it is hard to recall pertinent topics. Jotting a note on the border of your patient care schedule or keeping a note card in your pocket can help you keep track of teaching points to make or feedback which you need to share with the learner. Likewise, you can encourage the learner to keep a notebook to record questions and issues to discuss at later times.

Spending a few minutes at the end of the day or half-day reviewing the list of patients seen gives you an opportunity to review or solidify teaching points made earlier in the day. Lunch time works well for some preceptors. Discussion of the morning cases over a bag lunch or at the local Burger Barn can serve the dual purpose of nourishing the mind and insuring that you get your lunch. Beware of confidentiality issues if you lunch in public places. Travel time to and from hospital rounds can become a routine time for teaching and feedback.

Many preceptors have the learner review a topic and present it to them the following morning. The topic can be based on a case seen that day or on a patient scheduled for the upcoming day. Set a specific time limit (5 minutes) and format for the presentation, and be sure that you give the learner a chance to present what he or she has reviewed. By having the learner do the research, you save yourself some time and also foster more active learning for the learner. For your five or ten most common teaching topics, you might want to collect readings or dictate your talk and keep these materials in a folder that your learner can readily access.

Reflect on your teaching: ask yourself and your learner what teaching approaches you have used, whether they were effective or not and why, and what – if anything – you might do differently next time. Doing this exercise regularly

throughout the rotation (for a few minutes every few days) will help reinforce your good teaching habits and give you time to try alternatives to less successful strategies.

While you can get "bogged down" by trying to integrate too much teaching every day, not setting aside any time for teaching will also result in adverse outcomes. It can help to proactively set aside some time for teaching each day. Focus on brief teaching points as you observe learner-patient encounters and respond to case presentations during the day. And keep notes, or have your learner keep notes, to remind you about longer teaching issues you can cover at the designated teaching time. Encouraging your learner to seek knowledge from other sources as well promotes his or her active learning and relieves you of some teaching time.

Summary

Community-based preceptors are under increasing pressure to both see more patients and teach more learners. Thus efficient and effective means of integrating teaching and patient care are increasingly important. Experienced preceptors have developed a wide variety of ways to integrate learners into their practices. This monograph has sought to promote exchange of preceptors' ideas.

Some of these ideas may work better in your particular precepting circumstances than others. In determining how you might better integrate teaching into your busy office, look at your systems in the following five areas: 1) orienting the learner to the practice, 2) encouraging patient acceptance of both your learners and your practice's role as a teaching facility, 3) adapting your patient schedule when working with a learner, 4) keeping the flow going, and 5) finding time to teach. Use learner feedback and your own observations to enhance these systems.

As community preceptors, you are balancing learner training with patient care. Undertaking these two tasks does not have to result in twice the workload. The challenge – and reward – of community-based precepting is in integrating teaching and patient care in synergistic ways that enhance each task and keep your work stimulating and your workload manageable.

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Other Resources

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Setting Expectations Checklist

Orientation to Practice
☐Learner work space, reference materials *
☐Dress code: name tag, lab coat? *
☐Hours/ days patient care provided *
☐Parking, phone system, email *
☐Introduce staff, each one's responsibilities *
☐Unique learning opportunities (clinical activities, patient population, provider interests)

Orientation to community
☐Community characteristics *
☐Community resources, arranging follow-up care *
☐Where to buy groceries, do laundry, etc. *

Overview of rotation
☐Relate rotation to learner's career plans

Introduction to learner
☐Rotations completed *
☐Experience and skills mastered
☐Areas needing work

Expectations of School
☐Course objectives
☐Criteria included in evaluation form

Learner Goals
☐Specific knowledge, skills, and attitudes to develop
☐Grade expectations

* Topics that office staff might go over with learners

Preceptor Expectations

☐Daily routine
☐Hours/ days learner in the office
☐Learner's level of responsibility and autonomy in providing patient care
☐Hospital rounds, night/weekend call
☐Times preceptor is off; what to do
☐Amount of reading expected

Office policies
☐Directions for writing chart notes, dictating, writing Rxs, referrals
☐How pts selected for learner to see

☐Length of time to spend with each pt
☐Hospital policies

Values
☐Show respect to pts & staff; how?
☐Get to know pts?

Preceptor/learner interaction
☐Format for case presentations
☐Regular time & process for feedback
☐Integrate teaching and learning styles
☐Learner needs to explain needs
☐Criteria to evaluate learner (what it takes to achieve excellence")
☐Learner self-evaluation before discussing preceptor's evaluation

If a problem arises
☐Absentee policy, how to notify office
☐A contact for questions or problems
☐How to reach preceptor in emergency

Rotation objectives
☐Requirements based on practice's unique learning opportunities
☐Specific knowledge, skills, attitudes you notice learner needs to work on

Learner Background Form

Learner _____ Preceptor _____
School, Course _____ Dates of Rotation _____
Personal information (anything that will help the preceptor and practice get to know you a bit):
Previous clinical experience:
Rotations completed: Other clinical experiences you have had:
__ Family Medicine __ Pediatrics
__ Medicine __ Psychiatry
__ OB/GYN __ Surgery
__ Other: _____
Clinical interests:
Aspects of medicine you have particularly enjoyed or disliked so far, and why:
Career interests at this point:
Special Requests for this Rotation:
Specific topics, skills, or problems you hope to address during this rotation (please describe how your interests might be addressed):
Areas in which you would like specific feedback during the rotation:

Thank You!
This practice serves as a teaching site for healthcare students.
As a patient of this practice,
you are helping educate future providers in the skills necessary to be
competent and caring practitioners.

_____
Practice Medical Director

Appendix B- Evaluation and Teaching Strategies

- **Evaluation Using the GRADE Strategy**[4]

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

http://www.stfm.org/fmhub/Fullpdf/march01/ftobt.pdf

- **The One-Minute Preceptor**[5]

This resource outlines five "microskills" essential to clinical teaching.

http://stfm.org/fmhub/fm2003/jun03/stevens.pdf

http://www.paeaonline.org/index.php?ht=d/sp/i/80183/pid/80183

- **Feedback and Reflection: Teaching Methods for Clinical Settings**[6]

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

http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf

- **Characteristics of Effective Clinical Teachers**[7]

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.
http://stfm.org/fmhub/fm2005/january/tamara30.pdf

Appendix C- Providing Effective Feedback

- **Getting Beyond "Good Job": How to Give Effective Feedback**[8]

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback.
http://pediatrics.aappublications.org/cgi/reprint/127/2/205

- **Feedback in Clinical Medical Education**[9]

This article provides effective guidelines for giving feedback. http://jama.ama-assn.org/content/250/6/777.full.pdf+html

- **Feedback: An Educational Model for Community-Based Teachers**[10]

This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios.
http://www.snhahec.org/feedback.cfm

Appendix D- Managing Difficult Learning Situations

- **Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers**[11]

These documents outline strategies for both preventing and managing difficult learning situations.
http://www.snhahec.org/diffman.cfm

- **Providing Difficult Feedback: TIPS for the Problem Learner**[12]

This article provides an easy-to-use "TIPS" strategy to address difficult learners or learning situations.
http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf

Appendix E- Developing Expectations

Setting Expectations: An Educational Monograph for Community-Based Teachers[13]

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. http://www.snhahec.org/expectations.cfm

Appendix F- Conflict Resolution

Aspects of Conflict Resolution[14]

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

http://www.traqprogram.ca/index.php/en/resources/traq-library/item/303-aspects-of-conflict-resolution

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Clinical Year Schedule & Rotation Sign Up Form

Clinical year is approximately 1 year in duration and consists of 9 rotations averaging 6 weeks in length

Graduation is in November annually

Rotations begin in late July to early Aug and conclude typically the 3rd week of October

Please use this link to review the current cohort's specific rotation start and end dates and access a sign up form to offer to precept:

OUR STUDENTS & COMMUNITIES NEED YOU – THANK YOU FOR PRECEPETING

Preceptor Evaluation of Student

RRCC Physician Assistant Student Performance Evaluation - Without Focused Sections

Student Name:

Preceptor Name:

Rotation Dates:

Evaluation Timeframe:

☐ Mid-Rotation

☐ Final

I. Professional Standards

Professional Behaviors	*Unsatisfactory*	*Intervention Suggested*	*Satisfactory*
Positive Rapport	☐	☐	☐
Respectful Communication	☐	☐	☐
Truthfulness	☐	☐	☐
Humility	☐	☐	☐
Self- Reflection	☐	☐	☐
Intellectual curiosity	☐	☐	☐

Implementation of Constructive Feedback	☐	☐	☐
Recognition of Professional Boundaries	☐	☐	☐
Organization	☐	☐	☐
Reliability	☐	☐	☐
Accountability	☐	☐	☐

Interpersonal Skills

Collegial Communication	☐	☐	☐
Willing Acceptance of Constructive Feedback	☐	☐	☐
Active Listening	☐	☐	☐
Empathy	☐	☐	☐
Self- Regulation	☐	☐	☐
Self-Awareness	☐	☐	☐

Number of days absent from rotation:

Was student's communication regarding absence professional and appropriate? ☐YES ☐NO ☐N/A

II. Clinical Skills/Learning Outcomes

Assess clinical skills at the level of a NEWLY GRADUATED, primary care physician assistant.

I/O = Insufficient Opportunity to Assess

Rank on a scale of 1 to 5 noting scores of 4 or 5 are required to achieve competency:

1 = unsafe practice/significant concerns for patient safety and/or ability to improve by Nov graduation

2= deficient compared to peers with similar level training, concern for lack of progression to date and inability to improve by the end of this rotation despite feedback attempts

3 = deficient compared to peers with similar level training, demonstrating positive progression, continued improvement likely

4 = developing appropriately for current level of training and in consideration of *your* practice specialty

5 = competent, ready to be hired with adequate new graduate oversight

---

1) Correlates the underlying basic science principles (pathophysiology, anatomy, biochemistry, genetics, etc.) to a given disease process 1 2 3 4 5 I/O

2) Performs and documents an organized, individualized complete or focused medical history 1 2 3 4 5 I/O

3) Using proper technique, performs and documents an organized, individualized complete or focused physical exam 1 2 3 4 5 I/O

4) Correlates abnormal physical examination findings to a given disease process 1 2 3 4 5 I/O

5) Generates a reasonable differential diagnosis 1 2 3 4 5 I/O

6) Identifies conditions that constitute a medical emergency 1 2 3 4 5 I/O

7) Identifies indications for hospital admission 1 2 3 4 5 I/O

8) Identifies indications for referral to a specialist 1 2 3 4 5 I/O

9) Generates and delivers a patient education plan 1 2 3 4 5 I/O

10) Develops and documents a treatment plan/discharge plan 1 2 3 4 5 I/O

11) Selects appropriate clinical therapeutics and calculates accurate dosages 1 2 3 4 5 I/O

12) Prepares a written or electronic prescription which is appropriate, legal, and without error 1 2 3 4 5 I/O

13) Explains and obtains informed consent, as appropriate 1 2 3 4 5 I/O

14) Uses universal precautions 1 2 3 4 5 I/O

15) Orders necessary laboratory tests/diagnostic imaging studies 1 2 3 4 5 I/O

16) Interprets laboratory tests/diagnostic imaging studies 1 2 3 4 5 I/O

17) Documents procedure, admission, and discharge notes, as appropriate 1 2 3 4 5 I/O

18) Demonstrates responsible stewardship of resources (examples include respect of personnel/patient time, judicious use of supplies, prudent use of labs/studies/referrals)

1 2 3 4 5 I/O

How well was the student prepared for this rotation? 1 2 3 4 5 I/O
(1 extremely ill prepared → 5 exceptionally prepared)

How likely are you to recommend this student as a future colleague on your team?

(1 concerns noted → 5 would hire them today) 1 2 3 4 5 I/O

I would like someone from the program to contact me to further discuss this student. ☐YES ☐NO

III. Comments:

_____ _____
Signature of Preceptor Date

Names/title/role of *others* contributing to this evaluation:

Preceptor licensure attestation (verify license state/number, expiration date and status*). If not in good standing, please outreach the Clinical Team via email and provide details instead of indicating such on this form.*

If you have not yet submitted your CV to our program, please send via email to PAClinicalTeam@RRCC.edu, we accept your most recent version without need to edit for this purpose

_____ _____ _____
License State/Number Expiration Date Status

Board Certification(s) If Applicable:

_____
Provider Signature

Student Evaluation of Preceptor/Site

Content subject to change, this is the foundational content for this evaluation.

Evaluator Name:

Submission Date:

Name of the preceptor you are evaluating (please evaluate the preceptor you spent the majority of your time with):

The following questions are in reference to the preceptor you are evaluating. (Choose only one whole numeric from 0 to 5 with 0 being strongly disagree and 5 being strongly agree)

1. The Preceptor allowed me to Interview & Examine patients.
2. The Preceptor allowed me to assist with or perform procedures.
3. The Preceptor allowed me to participate in the treatment plan.
4. The Preceptor allowed me to practice documentation.
5. The preceptor maintained a high level of professionalism.

If you answered disagree or strongly disagree please explain why?

6. My preceptor was an effective educator.

If you answered disagree or strongly disagree please explain why?

The following questions are in reference to the clinic or facility.

1. The site provided work space for me (yes OR no).

If you answered no please explain why?

2. How many hours did you spend on an average week at this SCPE (free text)?

If under 36 or 71 or above please explain:

3. Do you feel this SCPE provided an experience that aided you in becoming a competent and compassionate PA (yes OR no)?

If you answered no please explain why?

4. I feel this SCPE provided a quality experience that prepared me for entry into the PA profession (yes OR no)?

If you answered disagree or strongly disagree please explain why?

Additional Comments or Feedback for Preceptor/SCPE:

Program Assessment of Site/Preceptor

Clinical Sites are Evaluated on the Following Criteria:

1. Adequate clinical resources to support the student including their onsite safety
2. Sufficient patient population to allow students to complete requirements of the rotation
3. Adequate space for a student to see patients
4. Support and resources for routine implementation of universal precautions and access to protective equipment for students
5. Established process for students to file grievance/report harassment (note RRCC institution processes support students in addition to processes at the site)

The Preceptor is Evaluated on the Following Criteria:

1. Interest in teaching, understanding of the PA role and openness to allowing students hands-on experience.
2. License verification is required for all preceptors. Note - letters of admonition or other stipulations do not necessarily preclude a provider from precepting, concerns are reviewed on a case-by-case basis with the Program Director.
3. Adequate onsite supervision by preceptor of record(s) or designated alternate preceptor assisting with learner's experience
4. All preceptors will be asked to produce a recent CV/Resume, including international preceptors.
5. Preceptor must be a minimum of 1 year postgrad

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