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

Acknowledgements

Physician Assistant Education Association.

Additional copies of this report may be purchased by contacting:

Physician Assistant Education Association
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Telephone: (703) 548-5538

Additional copies may also be downloaded from the PAEA website at: www.PAEAonline.org, under Preceptors and also under Faculty Resources.

Table of Contents

Introduction

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and our physician assistant (PA) students. The clinical experiences the student will obtain with you are of critical importance to our students' successful learning. 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 and through the interactions with your patients. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Presbyterian College (PC) thanks you for your commitment to PA education.

How to Become a Preceptor

Preceptor Requirements: Potential preceptors are initially evaluated by the PA faculty. Preceptors will submit a CV along with his/her state license number and board certification information. This information will be housed in a secure web-based portal used during the clinical year under each preceptor and site portfolio. Potential preceptors must have at least one year of clinical practice to be considered for this role. The Clinical Director will have final authority vetting, approving, and monitoring the status of all preceptors actively utilized by the PA program.

For each clinical site, an affiliation agreement must be in place between the site and Presbyterian College. However, one or more preceptors can be designated per clinical site. It is not necessary that all preceptors at a given institution complete an affiliation agreement. If students, for example, are in an emergency room setting at a large hospital, one affiliation agreement can be in place to cover the clinical rotation for this setting. However, one preceptor will be designated as the "Primary Preceptor" for the assigned student and will be responsible for leading the overall education and evaluation of the student. If a student assists in a surgical procedure, the preceptor and site are responsible for gaining necessary permission for the student to participate in care in the operating room. The Program will work to assist the preceptor in this task as needed.

To contact the Program:

Address:	**Clinical Director:**	**Program Director:**
Presbyterian College	Janet Wilson, MSPAS, PA-C	Amanda Cali-Stevenson
503 S Broad St	O: 864-938-3747	O: 864-938-3848
	M: 704-706-5601	M: 917-562-6523
Clinton, SC 29325		
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General Goals of the Clinical Year

The clinical year transitions students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical year include:
- Apply didactic knowledge to supervised clinical practice
- Develop and advance clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the PA role in health care delivery
- Prepare for the Physician Assistant National Certifying Exam (PANCE)
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

Physician Assistant Competencies

"The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each 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 medical teaching and apprenticeship program. Preceptors will serve as role models for the students, and, through guidance, role modeling, and teaching, will help the student perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities

Preceptor responsibilities include the following:
- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported by submitting mid-rotation and end-of-rotation evaluations.
- Supervise, demonstrate, teach, and observe clinical activities 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 while supervising these activities.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
    - Direct supervision, observation, and teaching in the clinical setting
    - Direct evaluation of presentations (including both oral and written)
    - Assignment of outside readings and research to promote further learning
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Audit and co-sign charts 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.
- Ensure that all patients are seen by a licensed health professional prior to their leaving the site.
- Ensure that students do not serve to substitute for a paid health care professional.
- Appropriately assign students to health care provider roles and not as uninvolved observers of the clinical practice of medicine. Students need to be active participants in the care of patients during these clinical rotations.

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

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 the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g. Facebook, Twitter, Instragram, etc) should be avoided. 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 Director regarding any specific school or program policies regarding this issue.

Orientation and Communicating Student Expectations

Orientation of the student to the rotation sites serves several purposes. Orientation facilitates a smooth transition in allowing the student to become a 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, or any additional site-specific requirements if needed.

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his/her expectations of the students during the rotation. Expectations can include:
- Hours and schedule
- Interactions with office/clinic staff
- General attendance
- Call schedules and/or overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations and written documentation
- Any additional assignments or tasks the preceptors feels are necessary for continued learning or exposure

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

Preparing Staff

The staff of an office, clinic, or hospital play 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 the patient's visit.

Preceptors should not assume receptionists, schedulers, or 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?

Supervision of the PA Student

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help with role modeling. 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. It should be noted that although resident physicians may interact with PA students, the program does not fully rely on resident physicians for didactic or clinical instruction.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students must not substitute for clinical or administrative staff during supervised clinical practical experiences. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it both the preceptor's and 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 and in accordance with acceptable site policies. 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 will 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 Director. 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 may be 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 edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Documentation Policy

Medicare reimbursement allows limited student participation in regards to documentation. Students are allowed to document aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. Below is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation. In January 2018, CMS updated their policy with the following language:

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

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

Prescription Writing

Students may transmit prescribing information for the preceptor, but the preceptor must sign all prescriptions. More specifically, the student's name 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 an electronic prescription. The guidelines must not be violated by the student or the preceptor.

Expected Progression of the PA Student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to more effectively formulate 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 given 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 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 clinical rotation, the preceptor evaluation of the student will comprise a major portion of the student's final grade.

Prior to completion of the clinical rotation, preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all 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.

While students may have only one formal preceptor evaluation during the clinical rotation, it is imperative that they receive regular ongoing feedback on a daily basis from their preceptors to help improve their clinical performance.

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

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

Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:
- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform 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 didactic and clinical phases of the program. If preceptors observe any concerns about a student's professionalism, please contact the clinical director immediately.

Specific Program Policies

Activities NOT Permitted for Presbyterian College Physician Assistant Students

Presbyterian College physician assistant students are NOT permitted to perform the following activities even with supervision of a preceptor. Clinical sites and preceptors may further limit student activities and the preceptor is responsible for upholding these guidelines. Any student performing the following procedures or performing procedures or tasks expressly forbidden by each preceptor or clinical site is subject to dismissal from the program along with any legal or professional ramifications:

- Acupuncture
- Angiography/arteriography/venography
- Catheterization (other than urinary/ IV)
- Pregnancy termination/abortion procedures

- Psychiatric shock therapy
- Radiation therapy or chemotherapy
- Any anesthesia except local anesthesia
- Sterilization procedures

Prerequisites for Clinical Rotations

Immunizations

Students are required to keep a copy of all immunizations as outlined by the policy in the PC PA Student Bulletin. Students will not be permitted to begin clinical rotations without providing documentation of the completion of the immunization requirements to the program. All information will be stored in the secure database with a health records maintenance vendor in compliance with the PC PA Student Bulletin policies.

Clinical sites may require annual updates of certain immunizations or tests. Updates of the following should be provided to the program by the stated deadline:
- Influenza: Documentation of annual vaccine by November 1 of the clinical year
- Tuberculosis: Documentation of annual TB screening through TST, IGRA (recommended for students with a history of BCG vaccination), and/or chest x-ray with clinical assessment (recommended for students with a history of a positive TST); Annual screening must be completed by the assigned date given by the Clinical Director prior to commencing clinical rotations. Failure to update TB screening or documentation will result in a delay in the beginning of the second year of the program

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

Student Health Insurance

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

Student Liability Insurance

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

Criminal Background Check

The initial criminal background check must be completed prior to matriculation; annual background checks for returning students must be completed by the deadline specified by the Admissions Director. Failure to comply with required criminal background checks will delay progression or render a student unable to complete the professional degree program. For more information regarding student criminal background check, please refer to the PC PA Student Bulletin.

Required Drug Screenings

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

Clinical Year Attendance

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

> **Scheduled Absence:** A scheduled absence is one that is initiated by the Program. The Program will notify the preceptor in advance. Typically, a student is not required to make up missed work as a result of a scheduled absence but is responsible for completion of all objectives of the rotation.

> **Excused Absence:** In the event of an anticipated absence, the student must request an excused absence from the Clinical Director well in advance of the need to be away from the site. In the event of excused absences, the student is still responsible for achieving the learning outcomes and objectives required of each clinical rotation.

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

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

Other Absences: Students should not plan or request absences from their clinical site due to vacation, outside work obligations, homework assignments, or any other events other than emergencies. Any tardiness or absence must be reported by the student to the Clinical Director.

Holidays: Students in the clinical year are not eligible for school holidays but should, instead, adhere to the holiday policy of the site for the dates pertaining to the rotation.

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

Exposure Policy

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

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

The Preceptor-Program Relationship

If a preceptor has a question or concern about a student, s/he should contact the Clinical Director. The program strives to maintain open faculty-colleague relationships with its preceptors and believe that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can

be solved. In addition, open communication and early problem solving may help to avoid a diminution in the education experience. The success of clinical training of PA students depends on maintaining good communication among the student, the Program, preceptors, and the Clinical Director. All members of the team should be in active communication with each other.

Preceptor Development

Tools specific to each of the appendices listed below can be found in the electronic copy of this handbook, online through the web-based student tracking portal, or 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

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

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- University of Utah
- Yale University School of Medicine

Appendix

Integrating Students into a Busy Practice

The Model "Wave" Schedule
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.
https://medicine.yale.edu/intmed/education/medstudent/icpcp/preceptorshandbook_2015_2016_269226_45199_v2.pdf (See page 21)

Model Wave Schedule	
8:00am – 8:20am	Student sees patient 1; Preceptor sees patient 2
8:20am – 8:40am	Patient 1 is seen by both Preceptor and Student
8:40am – 9:00am	Student charts on patient 1; Preceptor sees patient 3
9:00am – 9:20am	Student sees patient 4; Preceptor sees patient 5
9:20am – 9:40am	Patient 4 is seen by both Preceptor and Student
*Wave scheduling pattern would continue throughout the day	

Integrating the Learner into the Busy Practice
These articles outline five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including "What do I do if I get behind?" and "What measures can help prevent me from getting behind?"
https://med.emory.edu/opex/preceptors/tips/integrating-learners.html
https://paeaonline.org/resources/public-resources/paea-news/tips-for-making-precepting-painless-other-resources

Time-Efficient Preceptors in Ambulatory Care Settings
This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting.
https://journals.lww.com/academicmedicine/Fulltext/2000/06000/Time_efficient_Preceptors_in_Ambulatory_Care.16.aspx

Evaluating and Teaching Strategies

Evaluation Using the GRADE Strategy
This easy-to-use tool provides five simple tips on how to effectively evaluate PA students
https://cdn.mednet.co.il/2015/08/evaluation-using-the-grade-strategy.pdf

The One-Minute Preceptor
This resource outlines five "microskills" essential to clinical teaching
http://paeaonline.org/wp-content/uploads/2017/02/One-Minute-Preceptor.pdf

Feedback and Reflection: Teaching Methods for Clinical Settings
This article describes how to use these two clinical teaching methods effectively

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

Characteristics of Effective Clinical Teachers
This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.
https://fammedarchives.blob.core.windows.net/imagesandpdfs/pdfs/FamilyMedicineVol37Issue1Buchel30.pdf

Providing Effective Feedback

Getting Beyond "Good Job": How to Give Effective Feedback
This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback
https://dme.childrenshospital.org/wp-content/uploads/2018/07/Gigante-J_Getting-Beyond-Good-Job_How-to-Give-Effective-Feedback_Pediatrics-2011.pdf

Feedback in Clinical Medical Education
This article provides effective guidelines for giving feedback
https://www.bu.edu/sph/files/2012/01/Ende_Feedback-in-Clinical-Medical-Education.pdf

Ask-Tell-Ask Feedback Model
This document outlines a feedback model that encourages students to identify their own strengths and areas of improvement
https://www.sciencedirect.com/science/article/abs/pii/S1931720415001488

Providing Difficult Feedback: TIPS for the Problem Learner
This article provides an easy-to-use "TIPS" strategy to address difficult learners or learning situations
https://fammedarchives.blob.core.windows.net/imagesandpdfs/fmhub/fm2003/September/Jamee544.pdf

Setting Expectations

Developing Expectations
This document outlines how orienting a student into your practice and setting positive expectations can benefit both preceptor and student
https://paeaonline.org/wp-content/uploads/imported-files/IntroducingOrienting-a-PA-Student.pdf

Aspects of Conflict Resolution
This article discusses the causes of conflict, approaches to conflict resolution, and techniques/strategies to resolve conflict effectively
https://mailchimp.com/resources/conflict-resolution-skills/

References

1. MAHEC Office of Regional Primary Care Education. *Integrating the Learner into the Busy Office Practice*. MAHEC, Ashville, NC. http://www.oucom.ohiou.edu/fd/ monographs/busyoffice.htm. Accessed January 18, 2023
2. Usatine R, Tremoulet, PT, and Irby, D. Time-efficient preceptors in ambulatory care settings. *Academic Medicine*. June 2000;75:639-642. Accessed on January 18, 2023
4. Langlois J, Thach S. Evaluation using the GRADE strategy. *Family Medicine*. March 2001;33(3):158-160.
5. Neher J, Stevens N. The one-minute preceptor: shaping the teaching conversation. *Family Medicine*. 2003;35(6):391-393.
6. Branch W, Paranjape A. Feedback and reflection: teaching methods for clinical settings. *Academic Medicine*. December 2002;77(12, Part 1):1185-1188, December 2002.
7. Buchel T, Edwards FD. Characteristics of effective clinical teachers. *Family Medicine*. January 2005;37(1):30-35.
8. Gigante J, Dell M, Sharkey A. Getting beyond "good job": how to give effective feedback. *Pediatrics.* 2011;127(2):205-207.
9. Ende J. Feedback in clinical medical education. *JAMA*. 1983;250(6):777-781.
10. French, J, Colbert, C , Pien, L, Dannefer, E, Taylor, C Targeted Feedback in the Milestones Era: Utilization of the Ask-Tell-Ask Feedback Model to Promote Reflection and Self-Assessment, Journal of Surgical Education, Nov-Dec 2015;72 (6):274-279, accessed January 18,2023

11. Lucas J, Stallworth J. Providing difficult feedback: TIPS for the problem learner. *Family Medicine*. 2003;35(8):544-546. Accessed January 18, 2023
12. PAEA Committee on Clinical Education, Introducing/Orienting a PA Student to your Practice, Feb 2017, accessed on Jan 18. 2023
13. Intuit Mailchimp, https://mailchimp.com/resources/conflict-resolution-skills/ accesses 2/1/2023
14. American Academy of Physician Assistants. *Competencies for the Physician Assistant Profession.* 2012
15. Duke University Medical Center Community and Family Medicine. Characteristics of Constructive Feedback. Preceptor Handbook: Clerkship in Family Medicine. http://fmclerkship.mc.duke.edu/cfmhom/WebPrec.html#AN%20EFFECTIVE%20 TEACHER?. Accessed October 8, 2011.