

Preceptor Handbook

*Tips, Tools, and Guidance for Preceptors of
Physician Assistant Students*



**MEDEX Northwest Physician Assistant Program
Department of Family Medicine,
University of Washington School of Medicine**

4311 11th Avenue NE, Suite 200

Seattle, WA 98105

(206) 616-4001

<https://depts.washington.edu/medex>



MEDEX Northwest



September 2018

Acknowledgements

This handbook was developed in collaboration with the Clinical Education Committee of the Physician Assistant Education Association (PAEA).

Patrick Enking
Carol Gorney
Jack Percelay

Jerry Glavaz
Amanda Moloney-Johns
Jacqueline Sivahop

Rosana Gonzalez-Colaso
Thomas Parish
Michel Statler

Special acknowledgement to the Preceptor Handbook PAEA subcommittee members:

Amanda Moloney-Jones (Chair)

Rosana Gonzalez-Colaso

Carol Gorne

Special acknowledgement to the editors:

Jacqueline Smith

Michael Statler

Physician Assistant Education Association
300 N. Washington Street, Suite 710
Alexandria, VA 22314-2544
Telephone: (703) 548-5538
<http://paeaonline.org/>

MEDEX NW Clinical Affairs Office

Points of Contact:



Associate Program Director
of Clinical Affairs
Marc Hawkins, MPAS, PA-C
O: 206-221-8303
hawkins2@uw.edu



Clinical Coordinator – Seattle Campus
Malinda Siegel, JD, PA-C
O: 206-221-0991
mss25@uw.edu



Clinical Coordinator – Seattle Campus
Dale Robertson, MCHS, PA-C
O: 206-221-3894
dalerob@uw.edu



Clinical Coordinator – Tacoma
Campus
Betty Stewart, BCHS, PA-C
C: 206-473-2369
tok@uw.edu



Clinical Coordinator – Spokane
Campus
Pat Grimm, MPAS, PA-C
C: 406-600-2199
patgrimm@uw.edu



Clinical Coordinator – Anchorage
Campus
Marc Hawkins, MPAS, PA-C
O: 206-221-8303
hawkins2@uw.edu

Clinical Operations Manager:
Program Coordinator:
Program Coordinator:
Program Assistant:

Sergio Monni
Sandy Raynor
Leena Bugrein
Liam Donnelly

206-685-3323
206-616-7193
206-543-0797
206-616-7193

mededxcln@uw.edu
skraynor@uw.edu
leenab@uw.edu
ldonne@uw.edu

Table of Contents

INTRODUCTION	4
MEDEX NORTHWEST MISSION, VISION AND VALUES.....	4
MEDEX PROGRAM GOALS.....	5
PHYSICIAN ASSISTANT COMPETENCIES	5
MEDEX AND UW NONDISCRIMINATION POLICY	6
MEDEX DIDACTIC CURRICULUM	7
CLINICAL CURRICULUM	7
DESCRIPTIONS OF CLINICAL YEAR ROTATIONS.....	8
<i>Family Medicine Preceptorship – 4 months</i>	8
<i>Behavioral Medicine Clerkship – 4 weeks</i>	9
<i>Emergency Medicine Clerkship – 4 weeks</i>	9
<i>General Surgery Clerkship – 4 weeks</i>	9
<i>Inpatient Internal Medicine Clerkship – 4 weeks</i>	9
<i>Medically Underserved Populations Clerkship – 4 weeks</i>	9
<i>Elective Clerkship – 4 weeks</i>	10
<i>Additional Clinical Year Student Requirements</i>	10
EXXAT STUDENT TRAINING, EDUCATION & PLACEMENT SYSTEM (STEPS).....	11
STUDENT REQUIRED PATIENT ENCOUNTER DOCUMENTATION	11
CLINICAL TRAINING SITE STUDENT ONBOARDING	12
PRECEPTOR ROLE	12
<i>Preceptor Responsibilities</i>	12
<i>Preceptor–Student Relationship</i>	13
ORIENTATION AND COMMUNICATING STUDENT EXPECTATIONS	13
<i>Preparing Clinic or Hospital Staff for PA Students</i>	14
<i>Supervision of the PA Student</i>	14
<i>Informed Patient Consent Regarding Student Involvement in Patient Care</i>	15
<i>Student Liability Insurance</i>	15
<i>Clinical Training Site Medical Record Documentation</i>	16
<i>Medicare Student Documentation Policy</i>	16
<i>Student Prescription Writing</i>	16
EXPECTED PROGRESSION OF PA STUDENT.....	18
<i>Student Evaluation</i>	18
<i>Feedback to Students</i>	19
PROGRAM EVALUATION OF STUDENTS AND STATUS ON WARNING OR PROBATION	19
<i>MEDEX Faculty Clinical Site Visits</i>	19
STUDENT RESPONSIBILITIES	21
<i>Blood-Borne Pathogens</i>	21
<i>Standards of Professional Conduct</i>	21
THE PRECEPTOR – MEDEX PROGRAM RELATIONSHIP	23
PRECEPTOR BENEFITS.....	23
SEE APPENDICES A – F	24

Introduction

MEDEX NW 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 that students will obtain in your office, clinic or facility 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 mentoring 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.

MEDEX Northwest Mission, Vision and Values

Mission

MEDEX Northwest, the University of Washington School of Medicine's Physician Assistant Program, is a regional program that educates physician assistants in a proven tradition of excellence committed to educating experienced health personnel from diverse backgrounds to practice medicine with physician supervision. The program provides a broad, competency-based curriculum that focuses on primary care with an emphasis on underserved populations. MEDEX encourages life-long learning to meet ever-changing healthcare needs. As a pioneer in PA education, MEDEX continues to be innovative in identifying, creating, and filling new niches for PAs as a strategy for expanding healthcare access.

Vision

MEDEX Northwest continues its core mission to train highly capable physician assistants who serve the community with uncompromising commitment and compassion. MEDEX students, graduates, faculty and staff are committed to providing access to care in local and regional communities.

MEDEX is a comprehensive program that provides students with the foundational knowledge required to support strong clinical skills. With outstanding education, clinical competency, and leadership skills, MEDEX graduates continue to be in demand in the Northwest.

Graduates maintain strong connections to MEDEX Northwest by participating in outreach, admissions, and teaching activities; alumni involvement supports the continued success of the program. Graduates significantly impact the PA profession as leaders engaged in the creation of local and national health care policy.

The MEDEX community will engage in high-level research and scholarly activity. Research and scholarly work produced by MEDEX contributes to improvements in PA education, public health, healthcare policy and patient care.

Values

MEDEX Northwest is an organization that exemplifies professional excellence and embodies the values of respect, openness, collaboration, integrity, and trust. Together we work in service to our students, our community, and the program.

MEDEX Program Goals

- Contribute to regional primary care workforce needs by training culturally-competent PAs for strategic areas of need within the WWAMI region and beyond.
- Maintain a flexible and innovative curriculum capable of responding to the changing healthcare system and the evolution of the PA profession.
- Recruit qualified individuals from minority and disadvantaged backgrounds for careers as physician assistants.
- Utilize community-based clinical preceptorships to develop effective physician–physician assistant relationships.
- Develop, implement and maintain MEDEX decentralized didactic training sites in the region for the purpose of increasing access to physician assistant training.

The clinical year takes students from the 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, specific goals of the clinical year 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,
- 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)

MEDEX and UW Nondiscrimination Policy

There will be no discrimination against any program participant or applicant based on race, ethnicity, religion, national origin, age, disability, veteran status including Vietnam era service or veteran-disabled status, sex or sexual orientation, nor will the university or the training site engage in such discrimination in their employment or personnel policies.

MEDEX Didactic Curriculum

The didactic, or classroom, year of the MEDEX curriculum is designed to teach clinical reasoning skills by building a foundation of new clinical knowledge, and then applying this knowledge to clinical situations. Summer quarter is a review of basic scientific concepts. Autumn quarter teaches the skills of information gathering in a clinical setting with intensive history and physical exam instruction. Pathophysiology in autumn quarter adds the foundational information needed for understanding disease processes. Winter and spring quarters cover the clinical diagnosis and treatment of diseases and disorders from all organ systems. By the end of spring quarter, students are able to perform a history and physical exam, identify differential diagnoses, arrive at the most likely diagnosis, and formulate a treatment plan for patient complaints that are commonly seen in primary care.

The methodology of teaching in the didactic year changes over the course of the quarters to enhance clinical reasoning skills. All major organ systems are taught once in anatomy and physiology and repeated again in the basic clinical skills and pathophysiology courses. In winter and spring, organ systems are studied in blocks across the courses so that the content of each course is reinforced in the other courses. Summer and autumn are fact- and skills-based courses where memorization and repetition are used to create the foundations needed for clinical care. Winter and spring use increasingly interactive methods for learning that include lectures from experts, small group work, team-based learning, problem-based learning and appreciative inquiry. Clinical reasoning problems are one example of assignments that cross courses to integrate knowledge and mimic patient care by walking through the assessment and treatment of a patient case that unfolds gradually. Faculty members are committed to making class time interesting and engaging while ensuring that all students learn medicine.

The MEDEX didactic curriculum and overall schedule can be reviewed on the MEDEX website at: <http://depts.washington.edu/medex/pa-program/curriculum/didactic-year/> .

Clinical Curriculum

MEDEX maintains and cultivates a substantial pool of potential sites and preceptors throughout the WWAMI region (the UW medical school service region of Washington, Wyoming, Alaska, Montana and Idaho) and expects students to travel during the clinical phase of training. Students entering into their clinical year can expect several exciting and educational experiences while rotating through the five-state service region. There are multiple factors that are taken into consideration when deciding on WWAMI location and the order in which a student completes these rotations.

During the clinical year, students may only engage in clinical rotations with approved sites and preceptors. This is to ensure that sites and preceptors are appropriately vetted including affiliation agreements and that appropriate student liability coverage is provided. Students may not engage in clinical educational activities with any site or preceptor not identified on their clinical placement confirmation documents, without express permission of their MEDEX clinical coordinator. It is permissible for MEDEX preceptors to have students share clinical experience among other licensed providers within their officially designated practice site of the rotation.

Descriptions of Clinical Year Rotations

Course Number and Description:

MEDEX 466/566 – Family Medicine Preceptorship I (Sep – Jan)

MEDEX 463/563 – Clinical Clerkships I (Sep – Mar)

MEDEX 465/565 – Clinical Clerkships II (Feb – Aug)

MEDEX 467/567 – Family Medicine Preceptorship II (Apr - Aug)

Clinical Timeline

Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Family Practice Preceptorship					C #1	C #2	C #3	C #4	C #5	C #6	
C #1	C #2	C #3	C #4	C #5	C #6	Family Practice Preceptorship					
Capstone Project Cont. (MCHS Only)											
				PANCE Preparation Course							

The clinical year is made up of seven clinical rotations from September through August the following year and all students are required to participate in each rotation for a total of 76 credits. Grading for each quarter will be credit/no credit. In order to receive a ‘credit’ grade, students must have demonstrated passing performance on written assignments, examinations, clinical write-ups, preceptor evaluations, site visit assessments and other assignments.

The core clinical placement, called the preceptorship, is of four months duration in a family medicine environment. The six one-month exposures are known as clerkships. The clerkships are further broken down into the required rotations: behavioral medicine, emergency medicine, general surgery, inpatient/internal medicine, and underserved populations; plus, one elective clerkship. Students will either begin the clinical phase with their 4-month preceptorship followed by clerkships, or conversely begin with clerkships and end with the preceptorship as their last rotation.

Family Medicine Preceptorship – 4 months

Primary care and family medicine lie at the heart of the MEDEX mission. Because of this, the program devotes a sizable portion of time to this rotation. This preceptorship stresses ambulatory primary care with an emphasis on common problems, biopsychosocial issues, preventive care, and introduction to the role of the primary care medical provider. Students may be placed in community clinics, large systems, stand-alone individual provider offices, and small multi-caregiver practices. During their time in this rotation, they will acquire the skills needed to diagnose and treat their patients using office, hospital, home, or community resources. Students are expected to gain clinical exposure across the span of ages within the Family Medicine preceptorship and for most students, this is the primary environment where they will gain exposure to outpatient women’s health and pediatric encounters.

Behavioral Medicine Clerkship – 4 weeks

The behavioral medicine experience offers active and observational involvement in either outpatient clinic settings or inpatient treatment facilities or combinations of both. Placement sites include, but are not limited to, state and federal correctional institutions, substance abuse treatment facilities, and large multi-disciplinary medical centers. The clinical student can expect to see an assortment of psychiatric conditions and complaints (e.g., depression, generalized anxiety disorder, post-traumatic stress disorder, dementia, schizophrenia) and can anticipate being a part of patient evaluation and treatment, which will incorporate counseling (inpatient, outpatient, group, family, couple), medical management, assessment, and provider consultation.

Emergency Medicine Clerkship – 4 weeks

During the emergency medicine rotation, clinical students will be exposed to a wide range of patients; those who present with common outpatient problems (e.g., back pain, headache, minor trauma, upper respiratory tract infections, urinary tract infections) along with potentially critical, life-threatening disease or injury requiring quick therapeutic decisions. Upon completing this experience, the student will have the knowledge, experience, and self-confidence necessary to effectively diagnose and manage patients with the wide range of acute and serious illnesses often encountered in their continued training and future practice.

General Surgery Clerkship – 4 weeks

The objective of this rotation is to permit clinical students to develop their knowledge of surgical disease and to enhance their ability to comprehensively manage the problems encountered in surgical patients. Diagnosis, preoperative care and postoperative care will be stressed. The management of surgical emergencies and outpatient follow-up of discharged patients will be included. The student will be involved in operative procedures and will participate in rounds and teaching conferences. This rotation will provide an opportunity for students to further develop their clinical skills in dealing with medical as well as surgical problems and will permit them to consider every aspect of the surgical patient, including differential diagnosis and decision-making, and the basic principles of surgical management.

Inpatient Internal Medicine Clerkship – 4 weeks

During this rotation the clinical student will gain the skills required to manage high-acuity medical and surgical patients. They will participate in hospital-based care, refining their history-taking and physical examination skills, diagnostic test interpretation, and treatment protocol comprehension, all while caring for the acutely ill. All students can also expect to participate in daily rounds and training sessions. Other experiences during the inpatient rotation include transport team management, communication with referral physicians, and interaction with a multi-disciplinary team.

Medically Underserved Populations Clerkship – 4 weeks

The underserved rotation is a key focus of the MEDEX program. The goal of this clerkship is to help prepare future medical providers to care for vulnerable and underserved populations. Students can expect to receive real-world experience while treating patients with a higher risk for poor health outcomes due to an inability to access the necessary resources for optimal health and improved quality of life. They can expect a challenging and rewarding exposure in either a rural or urban underserved system. The clerkship includes all aspects of patient care, from examination to treatment, with the added benefit of understanding how such care is delivered in the underserved healthcare environment.

Elective Clerkship – 4 weeks

Clinical students are given the opportunity to participate in a one-month medical experience. While it is necessary for the rotation to be medically and physician assistant focused, what this exposure might be is limited only by a student's focus and the program's clinical resources. The decision is commonly influenced by pending certification boards, future employment or career goals. However, it is not unusual for the student to seek continued exposure in a previously completed core clerkship. Examples of commonly requested electives include but are not limited to orthopedics, cardiology, dermatology, pediatrics, urology, pulmonary and trauma surgery.

Additional Clinical Year Student Requirements

The clinical year also includes two, one-week periods called Campus Week where all students return to their respective campus sites for additional didactic and clinical skills development and assessments. Campus Weeks typically occur in the late-January to mid-February and the mid-June time frame. Students also have a scheduled winter and spring break within the clinical year.

Among the many requirements for the MEDEX PA program is a master's degree capstone project and most students will continue to work on their [capstone projects](#) during the clinical phase. Students will be expected to produce a finished product of sufficient depth and analytic rigor to demonstrate the independent thought appropriate to clinical master's-level work. Each student's Capstone Project will relate to his or her focused study area. Students will work on their project over five quarters, beginning in the summer between the first (didactic) and second (clinical) years of the PA curriculum.

MEDEX PA students continue in significant self-study preparation throughout the clinical year for their required certification exams upon graduation. Detailed information about the Physician Assistance National Certifying Examination (PANCE) and the National Commission on Certification of Physician Assistants (NCCPA) is available at: <https://www.nccpa.net/pance-eligibility>.

EXXAT Student Training, Education & Placement System (STEPS)

The MEDEX PA Program began a lengthy transition in mid-2017 from a long standing in-house clinical database to a commercial clinical database called [STEPS](#) that is managed by [EXXAT](#). Preceptors and/or clinical sites may have multiple opportunities to engage with EXXAT beginning with request for student capacity, receiving confirmation documentation of student clinical placements, student onboarding documents and ending with electronic submission of student evaluations. Additionally, preceptors will have visibility within EXXAT of student profiles including CVs and other relevant background and documents.

Student Required Patient Encounter Documentation

Throughout the clinical year, students are required to log all patient encounters in EXXAT, which is restricted to non-identifiable demographic data, diagnostic ICD-10 codes and procedure codes. If interested, preceptors can review the EXXAT STEPS product at: <https://www.exxat.com/steps>. Contact the MEDEX clinical coordinator with specific questions about or concerns with EXXAT.

Clinical Training Site Student Onboarding

Required MEDEX student onboarding documents are typically driven by the clinical site and will typically include:

- verification of student drug testing,
- evidence or attestation of a student background check,
- evidence or attestation of the student's immunization compliance,
- verification of HIPAA and blood-borne pathogens training.

Preceptor Role

The preceptor is an integral part of the teaching program. For over 45 years the MEDEX program has depended on mission-driven community providers to offer clinical opportunities and instruction to the students. The program collaborates with a broad group of providers to act as preceptors – MDs, DOs, physician assistants, nurse practitioners, psychiatrists, clinical pharmacists and others licensed providers. Precepting is an opportunity to give back to the profession by investing in the future of medicine.

Preceptors serve as role models for the student and through supervision, mentoring, instructing in your area of expertise, evaluation of the student's performance, will help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and therapeutic 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 or site policies and procedures and review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the clinical coordinator by submitting mid-rotation and end-of-rotation evaluations.
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care management.
- 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.
- Engage in dialogue with MEDEX 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 MEDEX reflecting on student knowledge and skills as well as their improvement throughout the rotation.
- Promptly notify MEDEX 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 and serve as a role model for the student
- Demonstrate cultural competency through interactions with patients.
- Spend a few minutes each day in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes if any need to be made in the roles and relationship.
- Provide timely feedback to the student and MEDEX regarding student performance via formally documented evaluation tools.

Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter) should be avoided until the student fully graduates from 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 MEDEX 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, computer password, completing any onboarding necessary including paperwork, EMR training, and additional *site-specific* HIPAA training, as needed.

Early on in the clinical rotation, it is recommended that the preceptor and student should review the rotation objectives plus formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include but are not limited to:

- hours and call schedules (in general, students are expected to work the hours and shifts of the preceptor);
- interactions with office and professional staff;
- general attendance;
- 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 about 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 preceptor and their MEDEX 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 and policy manual can be delegated to the students hosted at the facility, with each subsequent student adding to a document that the site or preceptor might maintain and edit.

Preparing Clinic or Hospital Staff for PA Students

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 or 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,
- how patients will be scheduled for the student,
- expected effect of the student on office operation: will fewer patients be scheduled... will the preceptor be busier... will the student be assigned an 'office space'?

Supervision of the PA Student

During a student's time at the clinic or hospital, the preceptor or assigned co-preceptors must be available for direct 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 other licensed provider who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student, but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where direct supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge.

The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

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 must be clearly identified by badging as PA students 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.

Student Liability Insurance

Each MEDEX PA student is fully covered for malpractice or liability insurance by the University of Washington School of Medicine. Students completing a formal clinical 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 graduation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student, the university 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 clinical rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university's liability coverage does not cover the student in these circumstances.

In addition, if a PA student is also working in a paid position within 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 PA student to represent themselves or participate in the care of any patient outside of the role for which they are otherwise engaged. Liability insurance will not cover any student assuming the "PA student" role outside of an assigned clinical rotation.

Clinical Training Site Medical Record 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 MEDEX clinical coordinator. Students are reminded that the medical record is a legal and HIPAA-protected document. All medical entries must be identified as "student" and must include the PA student's signature (electronic or otherwise) 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 in the medical record may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record.

Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of electronic medical records (EMRs) 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 where students have limited or no access to the EM, students should be encouraged by preceptors to hand-write notes, if simply for the student's own edification, which should ideally be reviewed by preceptors whenever possible for feedback.

Medicare Student Documentation Policy

Medicare reimbursement requires limited student participation related to documentation. Students are allowed to document only 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. Following is a link to the Centers for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

Student Prescription Writing

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student's name is not to appear on any 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 and a plan. 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

Evaluation of student by the preceptor for all required and elective clinical rotations must be reported to the program within four weeks and never more than six weeks after the end of the rotation.

Throughout the clinical year, students will receive a formal evaluation from the preceptor at the end of every clinical rotation and they will complete a formal evaluation of the site and preceptor. During the longer Family Medicine preceptorship, students will also receive and complete a formal evaluation at the mid-way point, or approximately two-months into the four-month rotation. The evaluation is designed to promote communication between preceptor and student. The evaluation is completed online as noted in rotation confirmation documentation.

Over the course of clinical rotations, preceptors are encouraged to discuss strengths and weaknesses in order to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important.

On required rotations (i.e., core rotations required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed "not passing," the student may be requested to repeat the rotation or undergo procedures specified by MEDEX. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the MEDEX faculty. The program will designate how often evaluations need to be completed.

Preceptors should consider performing brief end-of-rotation evaluations privately with their 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.

At times, there are early and concerning behaviors or challenges in knowledge or skills among students. Preceptors are encouraged to address these early and to consult the MEDEX clinical coordinator when significant questions or concerns occur about students. Earlier consultation allows for potential remediation efforts.

Feedback to Students

While students will receive the formal evaluation from the preceptor during the clinical rotation, it is imperative that students receive regular positive and constructive feedback on a daily basis from their preceptors to help develop their clinical performance. Please contact the MEDEX clinical coordinator for specific policies regarding student evaluation.

Program Evaluation of Students and Status on Warning or Probation

All assignments must be submitted according to the timeline provided. Late assignments may result in an 'Incomplete' grade for that quarter.

The program has strict deadlines for the completion of assignments. These include the completion of rotation assignments, site and preceptor evaluations, patient logs, written assignments, online exams, case presentations, projects and other course assignments. Failure to submit these materials by the designated deadlines can result in the withdrawal or removal of students from clinical training sites and ultimately the placement of the student on academic warning or probation, and may also delay program completion.

Students who receive a failing evaluation for a clinical rotation will be placed on academic warning, or probation, and may be removed from the clinical site. Typical concerns include the following:

- failure to complete and submit written assignments or charting by scheduled deadlines,
- unsatisfactory progress in professional development, attitudes and professional conduct,
- unexcused or unexplained absence (including tardiness or early departure) from a clinical site during a scheduled rotation,
- failure of a site visit,
- failure to receive a passing 'quarterly evaluation' or 'final evaluation' on a clinical rotation or preceptorship,
- unprofessional interactions and/or inappropriate behavior at a clinical site,
- misrepresentation of the student role,
- practicing with inappropriate or absent supervision,
- failure to obtain co-signature on patient records.

Students will be placed on academic warning or probation if they receive a failing or borderline evaluation from a clinical rotation or a preceptorship quarter.

In order to facilitate role transition, students are strongly discouraged from working during the clinical year. Students may be placed on academic warning, or probation or extended in the program if clinic time or academic performance is adversely impacted by outside work.

MEDEX Faculty Clinical Site Visits

The MEDEX Program requires an on-site evaluation of each student at least once during the clinical year. Additionally, MEDEX is required to perform recurring reassessments of partnering clinical sites and preceptors. This is routinely accomplished via a directed faculty visit during the 4-month family medicine preceptorship at the midpoint (or about two months into the rotation),

which allows opportunity to mediate concerning competencies or behaviors over the remaining rotation. During the site visit, MEDEX faculty are required to spend time observing students during patient encounters and reporting to preceptors. Site visitors will also visit clinical staff to evaluate student's professional engagement with the entire healthcare team. Faculty clinical coordinators will collaborate with preceptors in scheduling of clinical site visits.

Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in this manual, 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 diagnostic studies.
- Educate and counsel patients across the lifespan regarding health-related issues.
- Attend clinical rotations as scheduled and additionally participate in grand rounds, lectures, and conferences, if available to them.
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.

Blood-Borne Pathogens

In the event that a student sustains a needle-stick injury or other substantial exposure to bodily fluids of another person or other potentially infectious material while on rotation at the training site—or is involved in or present during any incident related to professional liability, claims or other risk management issues—he or she should consult the incident protocol card and the risk management card, both provided by the program. The source patient's HBV, HCV and HIV status will be determined by the training site in the usual manner to the extent possible. The training site does not accept liability for any illness or injury subsequent to such accidental exposure.

Contacts Following Exposure to Blood or Bodily Fluids:

MEDCON (if not in Seattle ask to be connected to numbers below) (206) 543-5560
UWMC Campus Health (7:30 am – 4:30 pm M-F) (206) 598-4848
UWMC Emergency Department (24 hours) (206) 598-4000
Dr. Doug Paauw (pager) (206) 598-6190

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 the MEDEX PA Program. Preceptors should be familiar with the UW [School of Medicine policy](#) on professionalism.

If preceptors observe any concerns about a student's professionalism, please contact the MEDEX clinical coordinator as soon as possible.

The Preceptor – MEDEX Program Relationship

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

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

Preceptor Benefits

Providers interested in applying to be a new MEDEX preceptor can apply online at:

<https://depts.washington.edu/medex/pjf/>.

Preceptor for MEDEX may also have access to some unique UW benefits, including the opportunity to apply for a Clinical Faculty position. This kind of appointment will offer:

- a UW email account through UW Computing & Networking,
- full access to UW Health Sciences Library resources as well as by-name access to UpToDate with available category I CME,
- educational discounts on computer merchandise at the UW Computer Center,
- discounted membership at the UW student/faculty gym in Seattle.

Preceptors desiring appointments as University of Washington School of Medicine volunteer clinical faculty should address inquiries to the MEDEX Clinical Team at medexcln@uw.edu. Testimonials from some of our current preceptors can provide a sense of what this experience could mean. Please visit the MEDEX preceptor profile page at:

<http://depts.washington.edu/medex/about-medex-nw/preceptors/preceptor-profiles/>.

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.

The following hyperlinks provide handy one-pager guides offering time-tested methods for making the precepting experience as efficient and rewarding as possible.

- [Incorporating Students into Patient Care/Workflow](#)
- [The One-Minute Preceptor](#)
- [Ask-Tell-Ask Feedback Model](#)
- [SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education](#)
- [Introducing/Orienting a PA Student to Your Practice](#)

- [Tailoring Clinical Teaching to an Individual Student](#)

See appendices A – F for the following descriptions and links

- A. [Integrating the Student into a Busy Practice](#)
 - The Model Wave Schedule
 - Integrating the Learner into the Busy Office Practice
 - 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. [MEDEX Clinical Year Schedule](#)

Appendix A

Integrating the Student into a Busy Practice

The Model “Wave” Schedule¹

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. (See page 21)

https://medicine.yale.edu/intmed/education/icpcp/PreceptorsHandbook_2015_2016_269226_27530_v2.pdf

Integrating the Learner into the Busy Office Practice²

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?”

<https://ohio.app.box.com/s/4ruykv5u57tonvk0smo7t0mbwbnryeju>

Time-Efficient Preceptors in Ambulatory Care Settings³

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

<https://www.ncbi.nlm.nih.gov/pubmed/10875509>

Appendix B

Evaluation and Teaching Strategies

Evaluation Using the GRADE Strategy⁴

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

https://cdn.ymaws.com/www.nwrpca.org/resource/resmgr/workforce/Evaluation_using_the_GRADE_S.pdf

The One-Minute Preceptor⁵

This resource outlines five “microskills” essential to clinical teaching.

<https://www.stfm.org/fmhub/fm2003/jun03/stevens.pdf>

Feedback and Reflection: Teaching Methods for Clinical Settings⁶

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

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

Characteristics of Effective Clinical Teachers⁷

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 Feedback⁸

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: An Educational Model for Community-Based Teachers⁹

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 Teachers¹⁰

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 Learner¹¹

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 Teachers¹²

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 2018-2019 MEDEX Clinical Year Schedule

Transition Week (Orientation to the Clinical Year).....	Sept 10-14, 2018
Preceptorship 1	Sept 17, 2018 – Feb 1, 2019
September Clerkship	Sept 17 – Oct 12, 2018
October Clerkship	Oct 15 – Nov 9, 2018
November Clerkship	Nov 12 – Dec 7, 2018
Formative Exam	Dec 10 – 11, 2018
Winter Break and Self Study	Dec 12, 2018 – Jan 6, 2019
January Clerkship	Jan 7 – Feb 1, 2019
Campus Week 1	Feb 4 – Feb 8, 2019
February Clerkship	Feb 11 – March 8, 2019
March Clerkship	March 11 – April 5, 2019
Spring Break and Self Study	April 8 – 12, 2019
Preceptorship 2	April 15 – Aug 9, 2019
April Clerkship	April 15 – May 10, 2019
May Clerkship	May 13 – June 7, 2019
Campus Week 2	June 10 – 14, 2019
June Clerkship	June 17 – July 12, 2019
July Clerkship	July 15 – Aug 9, 2019
Spokane and Tacoma Graduation Week	Aug 12 – 16, 2019
Seattle and Anchorage Graduation Week	Aug 19 – 23, 2019
• Spokane Graduation Day	Thursday, August 15
• Tacoma Graduation Day	Friday, August 16
• Seattle Graduation Day	Wednesday, August 21
• Anchorage Graduation Day	Friday, August 23

References

1. Kernan WN. Preceptor's Handbook. Yale University School of Medicine; 2016. Available at: https://medicine.yale.edu/intmed/education/icpcp/PreceptorsHandbook_2015_2016_269226_27530_v2.pdf . Accessed July 16, 2018.
2. *Integrating the Learner into the Busy Office Practice*. MAHEC, Ashville, NC. <https://ohio.app.box.com/s/4ruykv5u57tonvk0smo7t0mbwbnryeju> . Accessed July 16, 2018.
3. Usatine R, Tremoulet, PT, and Irby, D. Time-efficient preceptors in ambulatory care settings. *Academic Medicine*. June 2000;75:639-642.
4. Langlois J, Thach S. Evaluation using the GRADE strategy. *Family Medicine*. March 2001;33(3):158-160. Available at: https://cdn.ymaws.com/www.nwrpca.org/resource/resmgr/workforce/Evaluation_using_the_GRADE_S.pdf. Accessed July 16, 2018.
5. Neher J, Stevens N. The one-minute preceptor: shaping the teaching conversation. *Family Medicine*. 2003;35(6):391-393. Available at: <https://www.stfm.org/fmhub/fm2003/jun03/stevens.pdf>. Accessed July 16, 2018.
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. Available at: <https://www.stfm.org/fmhub/fm2003/jun03/stevens.pdf>. Accessed July 16, 2018
7. Buchel T, Edwards FD. Characteristics of effective clinical teachers. *Family Medicine*. January 2005;37(1):30-35. Available at: <https://www.stfm.org/fmhub/fm2005/january/tamara30.pdf>. Accessed July 16, 2018.
8. Gigante J, Dell M, Sharkey A. Getting beyond "good job": how to give effective feedback. *Pediatrics*. 2011;127(2):205-207. Available at: <http://pediatrics.aappublications.org/content/pediatrics/127/2/205.full.pdf>. Accessed July 16, 2018.
9. Southern New Hampshire Area Health Education Center. Feedback, An Educational Model for Community-Based Teachers. Available at: <http://www.snhahcec.org/feedback.cfm>. Accessed July 16, 2018.
10. Southern New Hampshire Area Health Education Center. *Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers*. Available at: <http://www.snhahcec.org/diffman.cfm>. Accessed July 16, 2018.
11. Lucas J, Stallworth J. Providing difficult feedback: TIPS for the problem learner. *Family Medicine*. 2003;35(8):544-546. Available at: <http://uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf>. Accessed on July 16, 2018.
12. Southern New Hampshire Area Health Education Center. *Setting Expectations: An Educational Monograph for Community-Based Teachers* Available at: <http://www.snhahcec.org/expectations.cfm>. Accessed July 16, 2018.