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Introduction and Message to Preceptors
The Faculty of Gardner-Webb University PA Studies Program would like to take this opportunity to express sincere gratitude to our preceptors for your dedication to this program and to our Physician Assistant (PA) Students. The clinical experiences students will obtain in your office, clinic or medical center are of critical importance to a successful learning experience in the program. The clinical setting synthesizes concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you learning from your advice and example. Through your supervision the student will progressively develop the skills and clinical judgement necessary to become a practicing PA. Thank you for your commitment to PA education and to imparting your expertise on the next generation of Physician Assistants.

Definition of the Preceptor Role
The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student, and through supervision, guidance and teaching will help students perfect skills in history-taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

General Goals of the Clinical Year
The purpose of the Supervised Clinical Practice Experiences (SCPE) (a.k.a. “rotations”) is to provide meaningful direct patient care experiences in clinical practice environments that allow students an opportunity to:

- Apply and expand their basic medical and clinical sciences knowledge base
- Develop and sharpen clinical and technical patient care skills and problem-solving skills
- Expand and develop the medical fund of knowledge
- Hone communication skills, history-taking, and physical exam skills
- Sharpen and refine oral presentation and written documentation skills
- Develop interpersonal skills and professionalism necessary to function as part of a medical team
- Participate in the team-based practice of medicine and develop an understanding of the PA role in health care delivery

- Prepare for the Physician Assistant National Certification Exam

**Principles of Rotations (SCPE):**

- The central focus of the SCPE is the appropriate care of the patient in an acceptable educational environment for the student.
- The autonomy, personal dignity, and responsibility of the patient, student, and preceptor must be recognized and respected. This will improve the patient care and the student’s overall educational experience.
- Joint decision-making and informational exchange should occur daily between the preceptor(s) and the PA student.
- To allow PA students to prepare for future practice, an opportunity to obtain hands-on experience and be involved in the delivery of diverse medical care must be provided.
- Appropriate supervision must be maintained and be based upon student performance and ability
- The PA student’s ability to ask questions, obtain information, examine, diagnose, manage, and treat patients during this experience will increase preparedness for future clinical practice.
- At the beginning of the clinical year, Physician Assistant students should be able to take detailed histories, perform physical examinations, provide an oral presentation of findings and develop a differential diagnosis
- As the year continues, students should be able to more effectively structure an assessment and treatment plan, though this will involve discussion with the preceptor.
- By the end of the clinical year, students will function much like medical residents.
- At the start of each rotation, if the preceptor deems necessary, students may observe patient encounters initially. However, students should participate in evaluating patients by the end of the first week.
- As the preceptor feels more comfortable with the student’s skills and abilities, the student will be allowed progressively increased autonomy.
Program Responsibilities

The program is responsible for the following aspects of the educational environment and activities during the clinical phase of the program:

- The program will adequately prepare the student for the clinical experience. First year PA students will take a comprehensive examination, Objective Structured Clinical Encounter (OSCE) test, and skills specific testing at the end of their didactic year.
- The program will establish and provide rotation assignment and placement for all students and for all rotations.
- The program will provide specific rotation learning objectives to preceptors and students.
- The program will provide the preceptor with a Student Evaluation form to be completed at the end of the rotation. There will also be a brief evaluation due after week one of the rotation meant to allow preceptors to give early feedback to the program.
- The program will ensure that all students have malpractice insurance.
- The program will periodically perform clinical site visits to determine that the locations are effective educational environments for the student.
- The program will develop and maintain affiliation agreements with all clinical sites.
- The program is committed to developing new relationships with preceptors and clinical institutions. Students who identify new/potential clinical preceptors should provide the Clinical Director with the individual’s and facility name, business address, and contact phone number(s) and email address when available.
- The program will interact with all preceptors, sites and students and be available to respond to any problems or concerns. In addition, should problems arise at the site, the Program retains the right to remove a student from a rotation.
- The program will work with the preceptor and site to provide a healthy and safe clinical learning environment. The program will respond quickly in the case of concerns raised regarding any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students. The program retains the right to immediately remove the student from a clinical rotation(s) if such behavior is demonstrated and/or reported.
• The program will mandate that students evaluate the clinical preceptor and site following every clinical rotation.
• The program will administer an end of rotation written examination.

The program will assign a grade for the student after completion of the rotation. The faculty is responsible for the final grade, not the preceptor.

Preceptor Responsibilities
Preceptor responsibilities include, but are not limited to, the following:
• Orient the students at the onset of the rotation with the practice/site policies and procedures
• Review the expectations and objectives for the rotation
• Provide on-going 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 must be formally reported to the clinical coordinator by submitting early-rotation (after the first week) and end-of-rotation evaluations.
• Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and to ensure proper patient care.
• Delegate increasing levels of responsibility for clinical assessment and management as skills develop.
• Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
  o Direct supervision, observation, and teaching in the clinical setting
  o Direct evaluation of presentations (including both oral and written)
  o Assignment of outside readings and research to promote further learning.
• Participate in dialogue with faculty during site visits to evaluate student progress and to assist in the learning process.
• Review and co-sign charts or shadow notes 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 PA studies program reflecting on student knowledge and skills as well as their improvement throughout the rotation
• Promptly notify the PA studies program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
• Maintain an ethical approach to the care of patients by serving as a role model for the student
• Demonstrate cultural competency through interactions with patients
• Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other’s needs and expectations, and what changes need to be made in the roles and relationship
• Provide timely feedback to the student and the program regarding student performance

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

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

Contact Information for Gardner-Webb University Physician Assistant Studies
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Student Responsibilities
In addition to adhering to the standards of professional conduct, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop differential diagnoses, formulate assessments and plans 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 students
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year

The Preceptor-Student Relationship
The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (Facebook, etc.) should be avoided until the student graduates from the PA Studies Program. 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 specific University policies regarding this issue.

Orientation and Communicating Student Expectations
Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently. On the first day of the rotation (or when possible, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed.
Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation—particularly, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the Clinical Director well in advance of the clinical absence.

Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each “subsequent” student adding to a document that you as the preceptor maintain and edit.

### Preparing Staff

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or department routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient’s visit. Students should communicate with the staff about procedures for making
appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

- Student’s name
- Student’s schedule (when they will be in the office)
- Student’s expected role in patient care
- Expected effect of the student on office operation: Will fewer patients be scheduled?
- Will the preceptor be busier?
- How patients will be scheduled for the student?

### Supervision of the PA Student

During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or 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 learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student’s assigned activities at all times.

Students are not employees of the hospital or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical 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
The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following “Documentation” section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient’s consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student’s services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation

If allowed by the preceptor and/or faculty, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student’s 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 are contributory to the medical record.

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

Medicare Policy

Medicare reimbursement requires limited student participation in regards 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 Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.

Prescription Writing

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student’s name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

Expected Progression of PA Student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should be allowed progressively increasing supervised autonomy.
Student Evaluation

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. On required rotations (i.e., core rotations required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor from the preceptor is mandatory. If deemed “not passing,” the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty. The program will designate how often evaluations need to be completed. The preferred method of evaluation completion is through an email link sent to the preceptor by PA Manager, our scheduling, logging, and evaluation software program.

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 healthcare team. These comments are helpful contributions to student evaluations. Additionally, staff feedbacks may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Please contact the Clinical Director for specific evaluation forms and policies, in accordance with the student handbook.

Feedback to Students

While students may have only one formal evaluation during the clinical rotation, it is imperative that they receive regular positive and constructive feedback on a daily basis from their preceptors to help improve their clinical performance. Please contact the Clinical Director for specific policies regarding student evaluation.
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

The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the University and by the Physician Assistant Studies Program.

If preceptors observe any concerns about a student’s professionalism, please contact the Clinical Director immediately.

Specific Program Policies

Please refer to the following link (http://www.gardner-webb.edu/Assets/gardnerwebb/shared/files/academics/physician-assistant-program/student-handbook-policy-manual.pdf) for program-specific policies on the following:

- Timeliness and lateness
- Needle stick procedure
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check
- Drug testing
- Sexual harassment and assault resources
The following link to the U.S. Department of Education’s Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination:  http://www2.ed.gov/about/offices/list/ocr/know.html

**Liability Insurance**

Each PA student is fully covered for malpractice insurance by the PA program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a “student” role in the clinic and should not assume responsibilities of an employee until after 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 and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university’s liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA Student” role outside of an assigned clinical rotation.

**Student Evaluation and Grading**

Evaluation methods are the same for all nine rotations and include the following:

- **Experience Logging:** All experiential learning obtained during the clinical practice rotations must be recorded using PA Manager online logging system. Patient encounters and technical skill experiences are documented indicating the level of involvement, including those that are just observational experiences. All encounters should be documented as soon
as possible following the experience but no later than Sunday (midnight) at the end of that week’s rotation. Patient logging will include the following information for each encounter:

- Name of rotation and preceptor who supervised the encounter
- Type of encounter (acute, chronic, emergent, preventive)
- Setting of the patient encounter (outpatient, inpatient, emergency room, operating room, long-term care facility)
- Patient demographics (general age range, gender) but no identifying information
- Purpose of visit/problem/diagnosis (ICD-9)
- Overall participation in case
- Procedural components of the encounter and level of involvement (observed, performed with supervision, competency demonstrated)

Rotation specific logging details are located in each relevant syllabus.

- Charting: Students will document patient exposure in each of the required experiential logging groups (specific numbers will be covered in rotation specific syllabi). Documentation will address the category of visit: (1) Nature of Care, (2) Age Group, and (3) Special Care Groups and cover the patient’s (1) history, (2) physical exam, (3) differential and diagnosis, (4) procedures if done, (5) treatment and (6) potential complications. The notes can be written in the patient’s chart, if allowed, or as a ‘shadow note.’ If written in the patient chart, notes must be reviewed and countersigned by the preceptor. Students are required to turn in a percentage of the required notes, weekly, to the course director. For example, in a six week rotation approximately six notes per week will be due. Failure to perform this requirement will result in a penalty in the rotation grade calculations.

- End-of-rotation (EOR) Student Evaluation: The preceptor must complete an EOR evaluation within one week of the completion of the rotation. It is the student’s responsibility to make sure this is done. These evaluations allow preceptors to rate students in adaptability to the practice of medicine. The EOR evaluation must be submitted directly to the program by the preceptor. Rating options include ‘exceeds expectations’, ‘fully acceptable’, ‘needs improvement’, and ‘Unacceptable.’ These will translate to 100%, 80%, 70% and 0% respectively. If a rating of “Unacceptable” performance is received in any category of this evaluation, a formal remediation plan will be required for this course and student progression may be halted until remediation has been satisfactorily accomplished. (See the Academic Performance and Progression policy.)
• EOR Written Examination: A written examination must be completed at the end of each core rotation. This assessment is available online and must be taken on the Thursday evening prior to starting the next scheduled rotation. The 100 question exams will only be available during the final Thursday evening of each rotation period. End of rotation exams are supplied by the Physician Assistant Education Association. Each rotation syllabus will provide a topic list and exam blueprint outlining exam content. Students are not expected to encounter every topic listed on the exam blueprints while on clinical rotations, but they are still responsible for learning those topics and concepts to be prepared for the EOR exams and the NCCPA PA National Certification Exam. Preparing for this test will require students to review previously learned material and in some instances become familiar with new concepts.

Grading Plan

This is a pass/fail course.

• Passing Criterion: An overall course performance average of 75% or higher.

• Failing Criterion: An overall course performance average of less than 75%.

The course performance is calculated using the following weighted distribution of the average scores for the evaluation methods described above.

• 20% Experiential Logging pass/fail.
• 20% Charting average (based on charting rubric)
• 20% End of Rotation Exam
• 40% End of Rotation Preceptor Evaluation of Student (grade category computation shown here)

  • Exceeds Expectations – 100%
  • Fully Acceptable – 80%
  • Needs Improvement – 70%
  • Unacceptable – 0%
  • Professionalism – pass/fail
Late assignments: Late assignments will only be accepted for credit up to 3 days past the posted due date. Assignments received during the 3 day late submission window will have 10% of the total possible points deducted from the final assignment grade. After 3 days, a zero (0) grade will be awarded.

**Preceptor Development**

Tools specific to each of the appendices listed below can be found in the electronic copy of the PAEA preceptor handbook, which can be accessed on the PAEA website at: [www.PAEAnline.org](http://www.PAEAnline.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
Learning Outcomes
As the culminating activity of the Gardner-Webb University Physician Assistant Program, students will demonstrate achievement of all program outcomes prior to graduation.

Gardner-Webb University Physician Assistant Graduate Competencies

The following represent the competencies that all GWU PA Graduates will embody at the end of their training:

1. The student will obtain and record a complete and accurate medical history from any patient in any setting.

   **Outcomes:** The student will:

   1.01 - Establish effective rapport with patients and their families in a manner that will enhance the history taking process

   1.02 - Obtain and record a complete and accurate chief complaint

   1.03 - Obtain and record a complete and accurate history of the present illness that includes the symptom location, quantity, quality, timing, setting, aggravating and relieving factors, and other associated factors

   1.04 - Obtain and record a complete past medical and surgical history, psychosocial history, and family history

   1.05 - Obtain and record a comprehensive review of systems noting pertinent positive and negative findings as they relate to the history of present illness

   1.06 - Obtain and record interval history pertaining to ongoing disease states

   1.07 - Obtain a problem-focused history

   1.08 - Obtain and record a follow-up history of an improved or deteriorating patient condition

   1.09 - Obtain and record the medical history components from patient friends or family when necessary

2. The student will perform a complete or problem-focused physical examination on any patient in any setting.

   **Outcomes:** The student will:
2.01 - Demonstrate techniques of gaining patient confidence and providing reassurance about the examination in a manner that will enhance the collection of data and maintain patient dignity.

2.02 - Distinguish normal from abnormal physical examination findings for males and females of any age group.

2.03 - Demonstrate the appropriate use of the necessary instruments and tools for the physical examination with proper techniques that incorporate Universal Precautions.

2.04 - Perform and record the findings from a comprehensive physical examination.

2.05 - Demonstrate ability to alternate the sequence and content of the physical examination to correspond with the special needs of the patient and the presenting complaint.

2.06 - Perform and record a problem-focused physical examination utilizing conventional formats and nomenclature.

3. The student will interpret and synthesize the information derived from the history, physical examination and other patient related data to guide the formulation of a thorough differential diagnosis.

   **Outcomes:** The student will:

3.01 - Formulate a problem list and a differential diagnosis for each patient problem identified during patient encounters.

3.02 - Demonstrate deductive reasoning skills in processing clinical data in the development of a differential diagnosis.

4. The student will order, perform and interpret appropriate diagnostic procedures and laboratory tests based upon the findings from the medical history and physical examination.

   **Outcomes:** Utilizing the data collected from the medical history and physical examination findings, the student will be able to:

4.01 - Utilize a problem list or differential diagnosis to identify the diagnostic procedures and laboratory studies that are indicated to aid in establishing the diagnosis.

4.02 - Educate the patient about the benefits and risks associated with specific laboratory tests and diagnostic procedures.
4.03 - Demonstrate the necessary skills and techniques to safely and properly collect specimens including, but not limited to:

- Bacteriologic samples for culture, sensitivity or gram stain from various sources
- Viral samples from various sources
- Venous or arterial blood samples
- Urine samples, sterile and non-sterile
- Stool specimens
- Tissue samples
- Sputum sample

4.04 - Order, interpret the results and discuss the implications of laboratory tests including but not limited to:

- Urinalysis by dipstick and microscopic examination
- Glucose testing
- Vaginal specimen
- Pregnancy tests
- Rapid strep screen
- KOH prep for fungal infection
- Prostate specific antigen
- Complete blood count with differential
- Erythrocyte sedimentation rate and C-reactive proteins
- Stool for blood, ova, and parasites
- Electrolytes, liver enzymes, serum lipid profiles, hemoglobin A1c, and other commonly utilized blood chemistries

4.05 - Order, interpret and discuss the implications of diagnostic procedures, including but not limited to:

- 12 Lead EKG
- Rhythm Strips
- Pulmonary function testing

4.06 - Order and interpret radiologic studies of the head, spine, chest, abdomen, pelvis and extremities.

4.07 - Outline the indications for and analyze the information provided by the following imaging modalities:
- CT scans
- MRI and MRA
- Fluoroscopy
- Angiography
- Nuclear medicine studies
- Ultrasound
- DEXA scan
- Mammography

4.08 - Identify the techniques and indications for bronchoscopy, upper endoscopy, colonoscopy and flexible sigmoidoscopy

4.09 - Examine the techniques and outline the indications for thoracentesis, paracentesis, and lumbar puncture

4.10 - Examine the techniques and outline the indications for an excisional biopsy, endometrial biopsy, arthrocentesis and joint injection

4.11 - Outline the required preparation for imaging studies and office procedures

5. The student will be able to identify, discuss, perform, and order appropriate therapy and treatment modalities for the management of commonly occurring primary care entities.

**Outcomes:** The student will be able to:

5.01 - Distinguish between the various electrolyte solutions for intravenous therapy and indications for their use

5.02 - Outline the use of blood and blood products, indications, risks and potential complications

5.03 - Administer injections intra-dermally, subcutaneously, intravenously, and intramuscularly.

5.04 - Educate patients about nutritional requirements and the treatment of nutritionally related health problems

5.05 - Identify medications used for the treatment of medical conditions and their mechanism of action, metabolism, excretion, indications, contraindications, drug-drug interactions and potential side effects
5.06 - Manage non-pharmacologic treatment and follow-up of common medical conditions

5.07 - Prescribe medications as a part of patient management

5.08 - Identify and manage medication interactions and adverse effects

5.09 - Outline common complementary and alternative medicine modalities

6. The student will be able to recognize life-threatening conditions.

**Outcomes:** The student will be able to:

6.01 - Recognize emergency cardiovascular conditions, including life-threatening dysrhythmias in patients of any age in any setting and initiate standard treatment according to Advanced Cardiac Life Support recommendations.

- Perform cardiopulmonary resuscitation
- Establish hemostasis or control blood loss of hemorrhaging patients

6.02 - Recognize and treat patients with anaphylactic reactions, respiratory distress, drug overdose, accidental poisoning, envenomation, heat illness, dehydration, ocular emergencies, trauma, acute abdominal pain, gynecological and obstetrical emergencies, acute chest pain, pediatric emergencies, congestive heart failure, hypertensive crisis, seizure, altered mental status, alcohol intoxication, hyperglycemia, and diabetic ketoacidosis.

6.03 - Assist with or perform commonly encountered emergency procedures including but not limited to:

- Endotracheal/nasogastric intubations
- Defibrillation or cardioversion
- Arterial and venous line placement

7. The student will be able to clearly and effectively communicate with patients, their families, and other medical personnel in a professional manner.

**Outcomes:** The student will:

7.01 - Present a systematic, clear and concise description of the patient’s chief complaint, history of present illness, pertinent positive and negative findings, laboratory findings, diagnosis and treatment plan
7.02 - Discuss information and counsel patients regarding the diagnosis, prognosis, and treatment of common disorders in a manner that promotes understanding.

7.03 - Instruct patients about a variety of health education and disease prevention issues such as self-breast examination, self-testicular examination, skin cancer screening, exercise, weight management and smoking cessation.

7.04 - Create medical documentation using a widely accepted format including but not limited to:

- Admit history and physical exam
- Discharge summary
- Progress notes
- SOAP notes

7.05 - Clearly and effectively communicate in a respectful manner with individuals from diverse cultures, religions, and various lifestyles

7.06 - Provide age appropriate anticipatory guidance for patients and their families across the lifespan

7.07 - Effectively and professionally communicate bad news to patients and their families.

7.08 - Facilitate communication between patients and their families about issues relating to end of life decision-making

- Advanced directives
- Grieving processes

8. The student will be able to demonstrate the impact that health problems have on the individual and family members and will develop an attitude of professional concern for each patient.

**Outcomes:** The student will:

8.01 - Discuss the physical, psychological, social, and economic impact that health problems create for patients and their families

8.02 - Appraise patient encounters from an objective perspective necessary for rational assessment and treatment of the patient’s health problems
8.03 - Recognize the importance of preventative health care education for patients to prevent future disease states

8.04 - Discuss difficulties encountered by patients attempting to adhere to prescribed therapeutic regimens and treatment plans

8.05 - Recognize the right of the patient as a health care consumer to be informed regarding their physical status, therapy, costs, therapeutic alternatives, prognosis, and services available

8.06 - Recognize the patient’s right to privacy and confidentiality and treating privileged information with professional discretion

9. The student will be able to utilize critical thinking skills through the use of evidence-based medicine.

   **Outcomes:** The student will:

   9.01 - Transfer clinical information needs into answerable clinical questions

   9.02 - Identify the best available evidence to answer clinical questions

   9.03 - Critically evaluate the available clinical evidence for its validity and usefulness

   9.04 - Apply the findings of the appraisals to the specific clinical scenarios/questions

   9.05 - Demonstrate skills necessary for life-long learning

10. The student will be able to articulate the unique role of the physician assistant in the medical team.

   **Outcomes:** The student will:

   10.01 - Adhere to the tenants of ethical medical practice as a PA

   10.02 - Articulate the collegial and interdependent relationship of the PA and the physician
10.03 - Integrate the role of the PA with the roles of other members of the interdisciplinary health care team

10.04 - Explain the legal responsibilities of the PA-patient relationship

10.05 - Articulate an understanding of the history and milestones of the PA profession

10.06 - Describe the mechanisms of licensure, certification and recertification for the PA profession

11. The students will possess a working knowledge of the American health care delivery system.

**Outcomes:** The student will:

11.01 - Utilize community resources in health care delivery

11.02 - Coordinate health care services including, but not limited to:

- Care provided by multiple providers
- Specialty consultations and referrals
- Consultations with other members of the health care team
- Complementary and alternative health care
- Ancillary services

11.03 - Employ risk management practices including continuous quality assurance

11.04 - Utilize best practices to minimize the risk of medical malpractice

11.05 - Utilize and employ current knowledge of reimbursement issues including documentation, coding and billing practices

12. The students will exhibit ethical behavior and professional conduct.

**Outcomes:** The student will:

12.01 - Provide competent, compassionate and respectful medical service to all patients

12.02 - Display honesty with patients and colleagues
12.03 - Respond appropriately to persons of the health care team who exhibit impairment, lack of professional conduct or competence, or who engage in fraud or deception

12.04 - Demonstrate a commitment to maintaining clinical competence

12.05 - Comply with established principles governing intellectual honesty
Acknowledgements

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- Nova Southeastern Physician Assistant Program
- Pace University Physician Assistant Program
- University of Utah Physician Assistant Program
- Yale University School of Medicine
Appendix A

*Integrating the Student into a Busy Practice*

**The Model “Wave” Schedule (1)**

This resource provides an actual time schedule for a preceptor and student to follow; it allows the student to see a sufficient number of patients while also allowing the preceptor to stay on schedule and not fall behind.


(see page 20)

-Adapted from Yale Medical School Ambulatory Clerkship Handbook

**Integrating the Learner into the Busy Office Practice (2)**

This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including “What do I do if I get behind?” and “What measures can help prevent me from getting behind?”

http://www.outcom.ohiou.edu/fd/monographs/busyoffice.htm

**Time-Efficient Preceptors in Ambulatory Care Settings (3)**

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

Appendix B

Evaluation and Teaching Strategies

Evaluation Using the GRADE Strategy (4)

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

http://www.stfm.org/FamilyMedicine/Vol33Issue3/Langlois158

The One-Minute Preceptor (5)

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


Feedback and Reflection: Teaching Methods for Clinical Settings (6)

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

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

Characteristics of Effective Clinical Teachers (7)

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.

Appendix C

Providing Effective Feedback

Getting Beyond “Good Job”: How to Give Effective Feedback (8)

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback.

http://pediatrics.aappublications.org/cgi/reprint/127/2/205

Feedback in Clinical Medical Education (9)

This article provides effective guidelines for giving feedback.

http://jama.ama-assn.org/content/250/6/777.full.pdf+html

Feedback: An Educational Model for Community-Based Teachers (10)

This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practices scenarios.

http://www.snhahec.org/feedback.cfm
Appendix D

Managing Difficult Learning Situation

Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers. (11)

These documents outline strategies for both preventing and managing difficult learning situations.

http://www.snhahec.org/diffman.cfm

Providing Difficult Feedback: TIPS for the Problem Learner (12)

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations.

http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf
Appendix E

Developing Expectations

Setting Expectations: An Educational Monograph for Community-Based Teachers (13)

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher.

http://www.snhahec.org/expectations.cfm
Appendix F

Conflict Resolution

Aspects of Conflict Resolution (14)

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

References

   https://medicine.yale.edu/intmed/education/ambmedclerkship/preceptors/309_17

2. MAHEC Office of Regional Primary Care Education. Integrating the Learner into the Busy Office Practice. MAHEC, Asheville, NC. 


