

# Preceptor Orientation Handbook

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



## GARDNER-WEBB UNIVERSITY PHYSICIAN ASSISTANT STUDIES

Gardner-Webb University Department of Physician Assistant Studies

Director of Clinical Education: Michele Mercer MD .....(704) 406-2326

Associate Director of Clinical Education: Heather Deibler PA-C .....(704) 406-2683

Clinical Scheduling Manager/Data Analyst: Stephanie Fraccola.....(704) 406-2597

Clinical Administrative Coordinator: Missy Ware.....(704) 406-2404

110 South Main Street  
P.O. Box 997  
Boiling Springs, NC 28017

Email: [paclinical@gardner-webb.edu](mailto:paclinical@gardner-webb.edu)

## **About This Handbook**

Through their volunteer efforts with PAEA, PA educators created this Preceptor Orientation Handbook for PA programs to use and adapt to their clinical sites.

## **Acknowledgments**

PAEA would like to give a special thank you to the 2021 Clinical Coordinator Workshop faculty who revamped this handbook, building upon the previous work of the 2011 Clinical Education Committee:

- Mitzi D'Aquila (University of Southern California)
- Laura Gerstner (Campbell University)
- Susan McDiarmid (Westfield State University)
- Elana Min (Northwestern University)
- Amanda Moloney-Johns (University of Utah)
- Bobbie Morici (DeSales University)
- Craig Myers (Case Western Reserve University)
- Lisa Tshuma (A.T. Still University)

Thank you to the 2011 Clinical Education Committee for their initial work on this document and for sharing their program materials:

- Patrick Enking
- Jerry Glavaz
- Rosana Gonzales-Colaso
- Carol Gorney
- Amanda Moloney-Johns
- Thomas Parish
- Jack Percelay
- Jacqueline Sivahop
- Michel Statler
- Jeanette Smith (Editorial Support)

We would also like to thank Daytheon Sturges and the PAEA Diversity, Equity, and Inclusion Mission Advancement Commission for reviewing the diversity and inclusion strategies added in this latest version of the handbook.

## **PAEA Staff Contributors**

- Karen Hills (Chief, Educational Development)
- Christine Vucinich (Instructional Specialist)
- Elizabeth Alesbury (Editorial Support)

## Table of Contents

Introduction	1
Gardner-Webb PA Program Mission	1
General Goals of the Clinical Year	1
Core Competencies for New Physician Assistant Graduates	1
Gardner-Webb University PA Graduate Competencies	2
Definition of the Preceptor Role	3
Preceptor Responsibilities	3
The Preceptor–Student Relationship	4
Orientation and Communicating Student Expectations	4
Preparing Staff	5
Supervision of the PA Student	5
Informed Patient Consent Regarding Student Involvement in Patient Care	6
Documentation	6
Medicare Policy	7
Prescription Writing	7
Expected Progression of PA Student	7
Student Evaluation	7
Feedback to Students	8
Specific Program Policies	8
Diversity and Inclusion Strategies	8
The Preceptor–Program Relationship	9
Preceptor Benefits	10
Student Responsibilities	10
Standards of Professional Conduct	10
Liability Insurance	11
Clinical Calendar 2021-2022 and 2022-2023	12
Preceptor Timeline for Supervised Clinical Practice Experiences	13
Preceptor Development Resources	14

## **Introduction**

We would like to take this opportunity to express our sincere gratitude to you, our preceptors, for your contributions and dedication to this program and our physician assistant (PA) students. The clinical experiences that the student gains in your practice are vital to student success in our program. The clinical setting synthesizes concepts and applications of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. Working closely with you, the PA student learns from your expertise, advice, and example. The student progressively develops and strengthens the skills and clinical judgment necessary to become a practicing PA through your supervision. Thank you for your commitment to PA education.

## **Gardner-Webb PA Program Mission**

The mission of the Gardner-Webb University PA program is to develop knowledgeable and caring physician assistants who practice competent patient-centered primary care with a focus on underserved populations. Our values reflect a commitment to respect, ethical behavior, and integrity in personal and professional service that are established upon the foundation of Christian values and faith, in agreement with the Gardner-Webb University mission.

## **General Goals of the Clinical Year**

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

- Apply didactic medical knowledge and skills to supervised clinical practice experiences (SCPEs, A.K.A clinical rotations)
- Advance clinical reasoning and problem-solving skills
- Expand and strengthen the medical fund of knowledge
- Perfect the art of history-taking and physical examination skills
- Refine oral presentation and written documentation skills
- Broaden understanding of the PA role in health systems and healthcare delivery
- Apply principles of diversity and inclusion to patient-centered care
- Develop interpersonal skills and professionalism necessary to function as part of a medical team
- Experience a wide variety of patient demographics, types of patient encounters, and clinical settings representative of the breadth and depth of PA scope of practice
- Prepare for the Physician Assistant National Certifying Exam

## **Core Competencies for New Physician Assistant Graduates**

“Core Competencies for New Physician Assistant Graduates” identify the knowledge, skills, attitudes, and behaviors that all PA students should be able to demonstrate by the end of their PA training program. There are 47 specific competencies related to knowledge, abilities, or skills that are measurable and observable. These competencies are tailored explicitly for PAs entering practice for the first time and were developed using the “Competencies for the PA Profession” foundation.

The Core Competencies for New Physician Assistant Graduates are organized using the following eight

domains:

1. Patient-centered practice knowledge
2. Society and population health
3. Health literacy and communication
4. Interprofessional collaborative practice and leadership
5. Professional and legal aspects of health care
6. Health care finance and systems
7. Cultural humility
8. Self-assessment and ongoing professional development

More details are available on the PAEA website:

<https://paeonline.org/our-work/current-issues/core-competencies>

**Gardner-Webb University PA Studies 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.**
2. **The student will perform a complete or problem-focused physical examination on any patient in any setting.**
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.**
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.**
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.**
6. **The student will be able to recognize life-threatening conditions.**
7. **The student will clearly and effectively communicate with patients, their families, and other medical personnel professionally.**
8. **The student will demonstrate the impact that health problems have on the individual and family members and will develop an attitude of professional concern for each patient.**
9. **The student will be able to utilize critical thinking skills through the use of evidence-based medicine.**
10. **The student will articulate the physician assistant's unique role in the medical team.**
11. **The students will possess a working knowledge of the American health care delivery system.**
12. **The students will exhibit ethical behavior and professional conduct.**

For specific outcomes related to each competency, more details are available on our program website: <https://gardner-webb.edu/academics/colleges-schools/health-sciences/physician-assistant-studies/competencies/>

## Definition of Preceptor Role

The preceptor is an integral part of the teaching program, serving as a role model for the student. Through guidance and teaching, they help students improve skills in history-taking, physical examination, effective communication, physical diagnosis, accurate and succinct documentation, reporting, problem assessment, and plan development, including coordination of care. Additionally, by providing feedback, preceptors are a vital resource as students develop and progress.

## Preceptor Responsibilities

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

- Must hold a valid license that allows them to practice at the SCPE site.
- Be familiar with Gardner-Webb University PA program policies and procedures via the orientation materials provided by the program
- Orient, assess each student at the onset of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
- Review the expectations and objectives for the SCPE with the student.
- Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism and to ensure high-quality patient care.
- Delegate increasing levels of responsibility based on a 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
  - Immediate evaluation of presentations (including both oral and written)
  - Assignment of outside readings and research to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Review and add supplementary documentation to student notes to evaluate the student's clinical reasoning and documentation skills.
- Complete the ***Student Preparedness for SCPE Evaluation*** at the end of Block #1 or #2. This is not an evaluation of the student's performance at the completion of a SCPE but of cohort preparedness to undertake SCPEs, as a measure of the effectiveness of the didactic curriculum.
- Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
- Complete the ***Preceptor Evaluation of Student*** form during the final week of the SCPE.
- Complete the ***Final Assessment of Student Behavior & Preparedness*** survey for any

student whom is precepted for their most recently completed primary care SCPE as of April 1 (Family Medicine, Internal Medicine, Women's Medicine or Pediatric Medicine).

- Promptly notify the PA program of any circumstances that might interfere with student safety or wellness or accomplishing the above goals or diminish the overall experience.

### **The Preceptor–Student Relationship**

The preceptor should maintain a professional relationship with the PA student in the clinical setting at all times and adhere to appropriate professional boundaries. Social activities and personal relationships outside the professional learning environment should be appropriate and carefully selected to avoid putting the student or preceptor in a compromising situation. Contact through web-based social networking platforms (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. Please consult the clinical coordinator regarding specific school or university policies.

### **Orientation and Communicating Student Expectations**

Orientation of the student to the SCPE 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 SCPE (or, when possible, before the SCPE), 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. The preceptor should provide an orientation to emergency/safety procedures and preparedness, including, but not limited to the facility emergency plan, emergency evacuation routes, location of emergency eyewashes and other emergency equipment, and contact details for emergency services.

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

Expectations can include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight and weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation



- Assignments
- Anything else that the preceptor thinks is necessary

Students are expected to communicate with preceptors any special scheduling needs that they might have during the rotation, particularly when they might be out of the clinical setting for personal reasons or program-required educational activities. Please consult the clinical director or associate clinical director regarding specific school or university attendance policies.

Many sites find it helpful to create a written orientation manual to be given to the student before the first day of the rotation. A manual helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students that 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. Helping the student learn about office, clinic, or ward routines and the location of critical resources helps them become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should have conversations with staff about expectations and make sure they understand office policies and 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 the student's role. The preceptor should inform the staff about how the student is expected to interact with them and patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss the:

- Student's name
- Student's daily schedule
- Student's expected role in patient care and what they are permitted to do with and without the preceptor present in the room
- Anticipated impact of the student on office operation (i.e., Will fewer patients be scheduled? Will the preceptor be busier? etc.)
- Process for 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. Educational continuity should be maintained when using multiple preceptors. Although the supervising preceptor might not be with a student during every shift, it is essential to assign students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Sharing preceptorship duties exposes students to important variations in practice style and feedback, which can help learners develop the professional personality that best fits them. If

supervision is not available, students may be given an assignment or spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be 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 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 before 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. Laws for Medicare patients 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 the education of PA students. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students must complete HIPAA training before their clinical year. However, patients must be informed that a PA student will participate in their care, and their consent must be obtained. Consent is given through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA students and must also verbally identify themselves as such. If the patient requests a physician, PA, or other licensed clinician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

#### **Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. 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. Students' notes are legal and are contributory to the medical record.

Additionally, writing a brief note that communicates effectively is a critical skill that PA students should develop. 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.

The introduction of EMRs (electronic medical records) can present obstacles for students if

they lack a password or are not fully trained in using a specific institution's EMR system. In these cases, students are encouraged to handwrite a note and review it with their preceptors for feedback whenever possible.

### **Medicare Policy**

CMS no longer requires that clinicians serving as preceptors re-perform student-provided documentation. As of January 1, 2020, preceptors can now verify (sign and date) student documentation. This makes the role of preceptor significantly easier as they are able to spend more time teaching and less time documenting. Students also benefit from increased experience with electronic health records, better preparing them for practice.

All physician, PA, and nurse practitioner preceptors are allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation based on the profession (i.e., a preceptor does not have to be a PA to verify the documentation of a PA student).

<https://paeonline.org/our-work/advocacy-for-pa-education/emerging-advocacy-issues>

### **Prescription Writing**

Students may write or input electronic prescribing information for the preceptor, but the preceptor must sign/send all prescriptions. The student's name is not to appear on the prescription. The preceptor MUST log into the system under their password for clinical rotation sites that use electronic prescriptions and personally sign and send them. Students should practice handwriting prescriptions on clinical rotations where the opportunity to electronically input prescriptions is not available.

### **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 develop an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may just 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 progressively increase supervised autonomy. If the preceptor thinks that a student is not performing clinically at the expected level for where they are in their training, they are encouraged to address this with the clinical program faculty early in the rotation.

### **Student Evaluation**

The preceptor's evaluation of the student is especially important and typically serves as the primary mechanism for feedback to the program regarding a student's ability to meet the learning outcomes for the rotation. Preceptors are encouraged to discuss the evaluation with the students, focusing on strengths and opportunities for growth, and documentation including specific comments regarding performance is strongly encouraged. Preceptors are also encouraged to familiarize themselves with the program's syllabus and evaluation tools and reach out to the program with any questions. Considerations such as the timing of the rotation (first versus last rotation) and improvement and receipt of feedback throughout the rotation should be noted when completing evaluations.

The tables below outline the grading plan for each Supervised Clinical Practice Experience (SCPE):

<b>Graded Elements (CORE SCPEs)</b>	<b>Percentage of Grade Represented</b>
Logging/Professionalism (Experiential Logging/Mid-SCPE Self-Assessment/Student Evaluation of Preceptor/ Student Evaluation of SCPE Site & SCPE/ SCPE Calendar Assignment/Clinical team Assessment of Professionalism)	10%
Assignments	10%
Preceptor Evaluation of Student	40%
PAEA End of Rotation™ Exam	40%

<b>Graded Elements (UN, ELE I, &amp; ELE II)</b>	<b>Percentage of Grade Represented</b>
Logging/Professionalism (Experiential Logging/Mid-SCPE Self-Assessment/Student Evaluation of Preceptor/ Student Evaluation of SCPE Site & SCPE/ SCPE Calendar Assignment/Clinical team Assessment of Professionalism)	10%
Assignments	50%
Preceptor Evaluation of Student	40%

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to gain additional insight into the student's professionalism and effectiveness, as health care team members' comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Please contact the clinical coordinator for specific evaluation forms and policies relating to the student handbook.

### **Feedback to Students**

While students may have only one formal evaluation during the clinical rotation, they must regularly receive positive and constructive feedback from their preceptors to help improve their clinical performance.

Daily or weekly check-ins are recommended and can provide avenues to address any student questions as well as encourage dialogue between student and preceptor.

### **Diversity and Inclusion Strategies**

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. A 2020 report from the NCCPA indicates that 80.8% of practicing PAs identify as white.<sup>i</sup> Additionally, a Diversity Standard (A1.11) was added to the ARC-PA 5th Edition Standards. PA

programs continue to develop recruitment and retention efforts to support underserved populations. Furthermore, it is important that students are provided with opportunities to demonstrate their ability to understand and care for diverse patient populations. Clinical preceptors can contribute to these efforts using some of the following strategies:

1. Recognize that students come from a variety of backgrounds with differences that contribute to variations in habits, practices, beliefs, and/or values.<sup>ii</sup>
2. Encourage the PA student and preceptor to discuss personal biases and/or fears at the beginning of the rotation and ongoing as needed.
3. At the beginning of the rotation, the preceptor should discuss any considerations unique to the student's practice setting and patient population. Additionally, the preceptor may provide the student with suggested resources for further research on the unique practice settings and patient population.
4. Intentionally seek opportunities for students to care for patients with diverse backgrounds, habits, practices, beliefs, and/or values.
5. Engage the student in dialogue about their encounters with diverse patients and team members and provide formative feedback regarding their interactions and perceptions.
6. Encourage the student and preceptor to challenge their own beliefs and understand their impact on their care of patients and development as a compassionate, inclusive learner.
7. Provide opportunities for the student to interact with community outreach activities as available at the clinical site and in the local community.
8. Become a mentor for prospective PA students who are from underrepresented minority groups.
9. Encourage students and preceptors to engage in conversations about health equity and social determinants of health.

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>.

PAEA has available in the Digital Learning Hub a Diversity, Equity, and Inclusion Toolkit (<https://paea.edcast.com/pathways/diversity-equity-and-inclusion-toolkit>) and best practices guidelines. Ask your clinical coordinator to download and share this resource if you do not have access.

### **The Preceptor–Program Relationship**

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

If a preceptor has a question or concern about a student, they should contact the clinical coordinator or designee. Programs strive to maintain open faculty–colleague relationships with their preceptors and believe that if 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 troubleshooting may help avoid a diminution in the educational experience.

## **Preceptor Benefits**

### **CME**

In gratitude for their work training the next generation of PAs, the American Academy of PAs and the Physician Assistant Education Association have partnered to offer Category 1 CME credits to preceptors. PA preceptors may now earn a total of 2 AAPA Category 1 CME credits per week for each PA student precepted. Each May, Gardner-Webb University will send out a survey for preceptors to claim their CME, and will send PAs a CME certificate once they respond to this survey.

Family Medicine physicians can also earn CME credit for teaching students. Precepting is considered a live activity. A maximum of 60 AAFP Prescribed credits may be reported during a three-year re-election cycle. <https://www.aafp.org/cme/about/types.html#teaching>

For advanced practice nursing, a maximum of 120 Preceptor hours may be converted to CE credits for a maximum of 25 non-pharmacology CE credits.

### **Tax Incentives for Preceptors**

In Georgia, South Carolina, Maryland, and Colorado, preceptors may earn tax incentives for teaching students. Ohio and Hawaii also have financial incentives for precepting. Explore details at: <https://www.teachingphysician.org/become-a-preceptor/incentives-for-precepting-2019>

### **Stipends**

Gardner-Webb University offers a weekly stipend to preceptors for each student precepted.

### **Clinical Affiliate Faculty Status**

For preceptors teaching multiple students per year, Gardner-Webb offers a clinical affiliate faculty status, offering access to our world-class library database and UpToDate.

## **Student Responsibilities**

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
- Assist or perform and interpret common lab results, diagnostics tests, or procedures.
- Complete any assignments, tasks, and presentations as assigned by their preceptor.
- Educate and counsel patients across the lifespan regarding health-related issues.
- Attend and engage in clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them.
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.

## **Standards of Professional Conduct**

As health care practitioners, PA students are required to conform to the highest standards of ethical and professional conduct required of certified PAs in addition to their program-defined standards. These may include, but are not limited to:

- Respecting flexibility
- Demonstrating academic integrity
- Being honest and trustworthy
- Demonstrating accountability
- Promoting cultural humility

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 physician assistant program.

If preceptors are concerned about a student's professionalism, please contact the clinical coordinator immediately.

### **Liability Insurance**

Each PA student is fully covered for liability insurance by the PA program/university for any clinical site with a fully executed and valid affiliation agreement. Students completing a formal elective rotation with a preceptor or clinical site that might become an employer must maintain a “student” role in the clinic and should not assume an employee’s responsibilities until after completing the PA program and successful certification and licensure. This includes appropriate routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This relationship is vital in preserving the professional liability coverage provided by the PA program/university and is critical to protect both the student and the employer if a patient seeks legal action. Even more concerning is the occasional opportunity or suggestion from a potential employer that a student participate in patient care activities outside of the formal rotation assignment before PA program completion. While these opportunities may be appealing 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 healthcare-related capacity at 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.

**Specific program policies, including professionalism policies, sexual harassment policies, background check, drug screening, immunization, sharps injuries and more can be found in the Gardner-Webb PA Studies Student Handbook and Policy Manual on our website:**

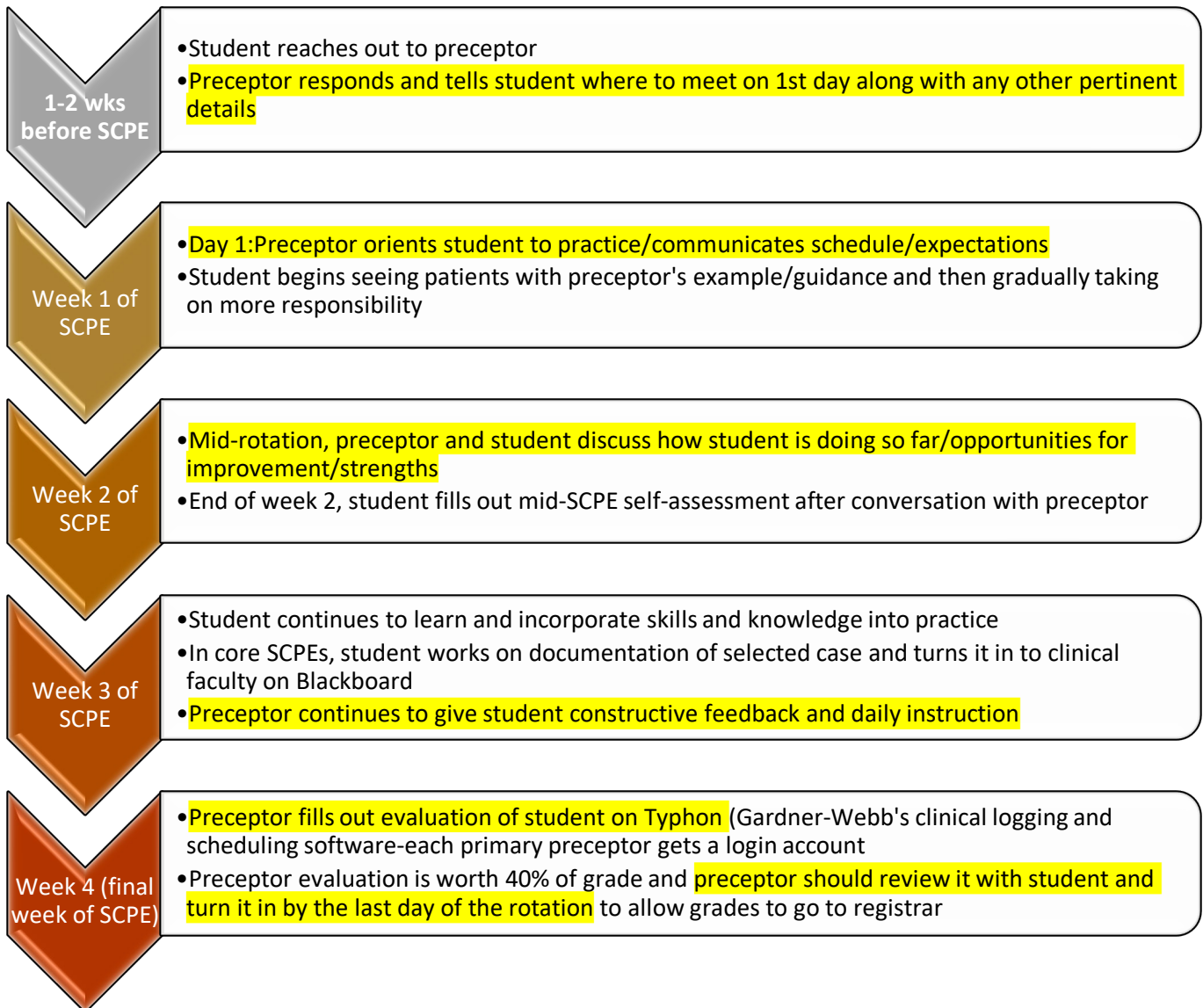
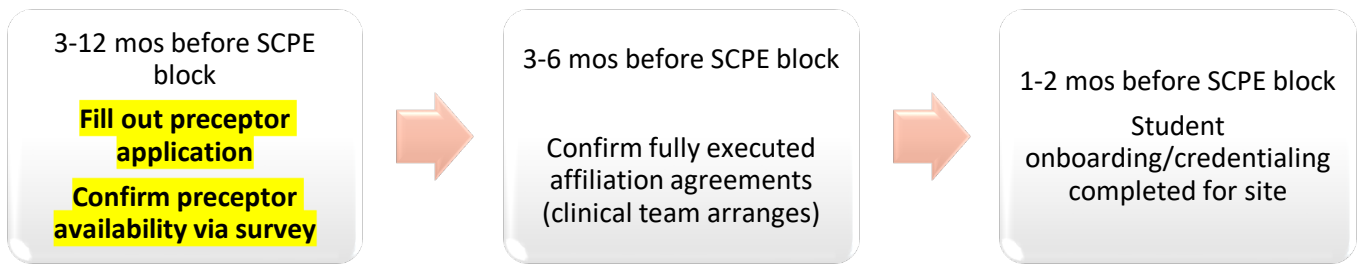
**<https://gardner-webb.edu/about/policies-and-information/handbooks/physician-assistant-studies/>**

## 2022-2023 Clinical Year

Start	End	Event	EOR Exam/CBD
5/9/2022	5/15/2022	Break	
5/16/2022	5/20/2022	Clinical Orientation	
5/21/2022	5/22/2022	Break	
5/23/2022	6/19/2022	Block 1	Friday, 6/17/22
6/20/2022	7/17/2022	Block 2	Friday, 7/15/22
7/18/2022	8/14/2022	Block 3	Friday, 8/12/22
<b>END OF SUMMER II</b>			
8/22/2022	9/18/2022	Block 4	Friday, 9/16/22
9/19/2022	10/16/2022	Block 5	Friday, 10/14/22
10/24/2022	11/20/2022	Block 6	Friday, 11/18/22
11/21/2022	12/18/2022	Block 7	Friday, 12/16/22
12/24/2022	12/26/2022	Break	
<b>END OF FALL II</b>			
1/2/2023	1/29/2023	Block 8	Friday, 1/27/23
1/30/2023	2/26/2023	Block 9	Friday, 2/24/2023
2/27/2023	3/3/2023	MPAS 654 Summative on campus	
3/4/2023	3/5/2023	Break	
3/6/2023	4/2/2023	Block 10	Friday, 3/31/23
4/3/2023	4/30/2023	Block 11	Thursday, 4/27/23
4/28/2023	4/28/2023	Clinical PACKRAT	
5/1/2023	5/4/2023	Callback Day(s) - TBD	
TBD	TBD	Board Review - TBD	
<b>END OF SPRING III</b>			
5/6/2023	5/6/2023	GWU Graduation Ceremony	



**Preceptor Timeline for Supervised Clinical Practice Experience (SCPE)**  
**(Summary of preceptor responsibilities highlighted)**



## Preceptor Development Resources

PAEA's Committee on Clinical Education created a set of one-pagers for preceptors to help streamline and enhance this essential experience:

- 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

The one-pagers are available on the PAEA website: <https://paeaonline.org/how-we-can-help/faculty#clinical>. They combine some of the committee's own resources with the best precepting practices outlined in the literature.

Additional resources for preceptors can be found in the Preceptor Channel within the PAEA Digital Learning Hub: <https://paea.edcast.com/channel/preceptor-development> Ask your clinical coordinator to download and share these resources if you do not have access.

---

<sup>i</sup> National Commission on Certification of Physician Assistants, Inc. (2021). *2020 Statistical Profile of Certified Physician Assistants: Annual Report*. <https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf>.

<sup>ii</sup> Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019). *Accreditation Standards for Physician Assistant Education*. 5th edition. <http://www.arc-pa.org/wp-content/uploads/2021/03/Standards-5th-Ed-March-2021.pdf>.