

CUAA Physician Assistant Program
Clinical Preceptor Handbook



CONCORDIA UNIVERSITY
Ann Arbor, Michigan

Thank You, Preceptors!

Your generous contribution of time, hard work and medical expertise on the part of our students is the vital key to the success of the CUAA PA program and to the success of our students when they graduate.

The clinical experiences the student will obtain under your supervision are critical in synthesizing the concepts and application of principles for high quality health care delivery. Eleven months of clinical rotations follow fifteen months of rigorous didactic coursework. You, the preceptor, are **vital** to successful learning in the clinical setting. The PA student will work closely with you, and s/he will progressively develop the skills and clinical judgement necessary to become a practicing PA. **Thank you for your commitment to PA education!**

Thank you for taking the time to familiarize yourself with the policies and guidelines discussed in this handbook. If you have any questions or concerns, please contact me at the PA program office

Blessings,

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Concordia University Ann Arbor

The Concordia University Ann Arbor (CUAA) PA program is working with physicians, health care professionals, and administrators to decrease the shortage of healthcare services in Michigan and the surrounding areas. The Program and the University place emphasis on educating students to serve the needs of rural and underserved communities.

CUAA PA Program Vision

The vision of the PA program at Ann Arbor is to provide the local and global community with competent medical providers who will improve lives and influence communities through clinical service and leadership, and do so in a compassionate and respectful manner that changes the lives of all patients who seek our care.

CUAA PA Program Mission

The mission of the PA program at Ann Arbor is to educate Physician Assistant students in primary medicine with a focus on rural and underserved patient populations and communities.

CUAA PA Program Goals

1. Matriculate and graduate students from the following areas of diversity: rural and/or medically underserved areas.
2. Expose PA students to healthcare provided by PAs in rural and/or medically underserved communities.
3. Our graduates will demonstrate competency in all aspects of entry level clinical practice in primary care.

PA Competencies

At the completion of the PA program, students will:

1. Demonstrate the requisite knowledge necessary in primary medicine to evaluate and provide non-pharmacologic and pharmacologic management of medical concerns of an acute, emergent, chronic, and preventive nature in patients of any age.
2. Obtain a medical history, engaging patient-centered communication skills in an attentive and respectful manner.
3. Perform an appropriate and accurate physical examination based on the clinical presentation for patients of all ages in primary medicine.
4. Determine appropriate labs & diagnostic testing based on a differential diagnosis, and interpret testing to narrow or identify the diagnosis.
5. Perform common diagnostic and therapeutic procedures within the scope of Physician Assistants in primary medicine.
6. Apply evidence-based medical decision making to develop a diagnosis or presumptive diagnosis from a broad differential utilizing all aspects of patient evaluation findings.
7. Efficiently and effectively provide oral presentations of a clinical encounter in a coherent manner.
8. Proficiently and accurately document patient encounters in written, oral and electronic forms.
9. Conduct themselves in a professional and courteous manner with all members of the interdisciplinary healthcare team.
10. Appreciate and respect Christian values, attitudes, and behaviors in clinical practice.

General Preceptor Responsibilities

- **Orient the student** to the Clinical Site at the beginning of the rotation, including a review of important policies and procedures, as well as an introduction to the staff.
- Review the **Rotation Learning Outcomes** and **Instructional Objectives** with the student to align expectations:
<https://www.cuaa.edu/academics/programs/physician-assistant-masters/index.html#forpreceptors>

- Establish a **schedule** for the student with a **minimum of 32-40 hours per week**, and a **maximum of 200 hours per rotation**. Students should work similar hours to the preceptor and be available for on-call, nights, and weekends. Hours may be spent with other providers as directed by the preceptor.
- Provide the student ample opportunity to be an **active participant** in history taking, physical assessment, clinical decision making and treatment planning. Delegate increasing levels of responsibility as appropriate. **By the end of the first week** students should actively participate in evaluating patients.
- Demonstrate cultural competency and an ethical approach to the care of patients as you serve as a **role model** for the student.
- Provide ongoing and timely **feedback** regarding the student's **clinical performance, knowledge base, critical thinking skills, interpersonal skills, and professional behaviors** to support growth and improvement.
- **Supervise, demonstrate, teach, and observe** the student's clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
- **Audit and co-sign charts** to evaluate the student's ability to complete progress notes, histories, physical examinations, assessments, and treatment plans.
- Facilitate student learning by listening to the student's **patient presentations**, questioning the student as able and providing feedback and follow up **reading assignments**.
- Promptly complete the **on-line student evaluation** at mid-rotation and end-of-rotation through the CORE link that will be sent via email, and discuss results with the student.
- **Communicate** any student problems, issues, or deficiencies with the Director of Clinical Education.

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's important to clearly **assign** the student to another MD, DO, PA, or NP who will serve as the interim preceptor.
- Students must always be clearly designated as a "PA student" in the clinical setting, easily distinguished from other health profession students/providers. **(ARC-PA Standard A3.06)**
- PA students are not to substitute for or function as paid clinicians, clerical staff, or other workers at clinical sites **(ARC-PA Standard A3.05)**
- Patients must be informed that a PA student will participate in their care, and the patient's consent must be obtained.
- The preceptor can provide direct supervision of technical skills with gradually increased autonomy commensurate with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated by the preceptor prior to patient discharge. The preceptor must review, verify, and cosign all documentation done by the PA student.

- The preceptor will verify and sign off on patient and procedural skills logging with the student at the end of the rotation. (please see **APPENDIX B** for list of procedural skills the PA student is to acquire)

The Preceptor-Student Relationship

The preceptor and student should maintain a professional relationship 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.

Problems on rotations can occur, be they academic, professional, or personal in nature. Students and preceptor should use the following guidelines in dealing with any problems:

- Attempt to resolve problems with the individual directly.
- If this is not possible, discuss it with the preceptor or contact person.
- **If unable to resolve a problem for any reason, contact the Director of Clinical Education ASAP.** *If the DCE is unavailable please contact the Administrative Assistant in the PA Office.*

Preceptor Evaluation of Student Performance

The **mid-rotation** and **end-of-rotation evaluations** (sent electronically) are designed to promote communication between preceptor and student. We highly encourage preceptors to routinely provide positive and constructive feedback to help improve students' clinical performance. Preceptors are encouraged to discuss **strengths and weaknesses** to promote student growth in the areas of **clinical and technical skills, clinical reasoning and problem solving, interpersonal skills, medical knowledge, and professional behaviors**. It is often beneficial to gain additional insight into the student's professionalism and effectiveness as a team player by privately collecting insight from colleagues and staff. The preceptor's evaluation of the student is tremendously important and accounts for 30% of the final rotation grade. The final grade for a clinical rotation, and the decision to pass or fail a student, are ultimately made by the program faculty.

*****Failure to complete the evaluations by the end of the rotation will result in the student receiving an incomplete for that rotation, which could delay graduation until resolved.*****

Evaluation and Grading

Students are required to pass each clinical rotation with a total score of 79% or higher. Students must have demonstrated a passing performance on the preceptor evaluations, the EOR exam, and by successfully completing all end of rotation assignments, assessments, logging, and preceptor/site evaluations. All assignments must be submitted by the end of each rotation. **It's imperative that preceptors submit their evaluations of the student on time so that students can progress and not delay graduation.**

Evaluation Forms

Preceptor Evaluation of Student Performance

The preceptor will be emailed a secure link from CORE/Exxat whereby s/he will complete the mid-rotation and end-of-rotation evaluations. The evaluation is based on demonstration of a student's competency in a number of different areas, including: preparedness for the rotation, professionalism, medical knowledge, interpersonal skills, clinical and technical skills, problems solving and medical decision making. The

student will be able to review the evaluation to help identify areas for improvement. Preceptor evaluations become a part of the student's permanent record and are calculated into the grade received for that particular rotation.

The preceptor is encouraged to have an **exit interview** with the student. This evaluation process should allow for more direct feedback between the preceptor and student regarding the student's performance. The student should also provide feedback to the preceptor concerning the rotation.

If there are **discrepancies** and the student is dissatisfied with the evaluation, the student should first communicate with the preceptor. If the discrepancy remains unresolved, the student should contact the DCE by writing a statement that outlines specific reasons for disagreement with the preceptor's final evaluation. The statement will be reviewed by the DCE and, if necessary, the Program Director. Consultation with the student will take place if further information is required. If no further action is necessary, a written decision will be sent to the student from the Director of Clinical Education. If further action is necessary, the Director of Clinical Education will contact the preceptor for more information. Upon receiving the information, the PA Program Director and DCE will convene. A final written decision will be sent to the student from the PA Program Director.

Student Evaluation of Preceptor & Clinical Site

Each student will also be emailed an evaluation to complete with questions about the preceptor experience and the clinical site itself. In order to demonstrate that Program objectives and standards are being met, the evaluation focuses on adequacy of the facilities, the level of patient contact and patient diversity, and the adequacy of preceptor teaching, feedback and involvement.

Students are asked to evaluate the strengths and areas for improvement of the clinical site and experience. Constructive comments are requested.

Preceptors can obtain detailed evaluation templates from the DCE, if desired.

PA Student Responsibilities

- Adhere to standards of professional conduct as outlined in the Student Clinical Year Handbook and at all times address the preceptor, clinical staff and patients with professionalism.
- Always identify themselves as "Physician Assistant students" to faculty, patients, and staff.
- All documentation and charting must be signed and include the initials "PA-S". Students who possess other titles (e.g., RN, RT, etc.) will at no time be allowed to use these designations.
- All documentation, charting, and orders must be co-signed by the preceptor immediately.
- Arrive on time to the clinical site or to rounds, fully prepared and ready to fully participate.
- Obtain detailed histories, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, and give oral presentations.
- Develop an appropriate evidence-based treatment plan based on the clinical findings utilizing the medical decision-making process.
- Perform and/or interpret common lab results and diagnostics.
- Educate and counsel patients across the lifespan regarding health promotion and disease prevention.
- When possible, take call, attend grand rounds, participate in hospital-based care as well as outpatient clinic.

- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.
- Augment learning experiences to accomplish rotation learning outcomes and instructional objectives by review of medical textbooks and online evidence-based resources.
- Abide by HIPAA standards and OSHA guidelines in honoring confidentiality and universal precautions at all times.
- Work at least 32-40 hours per week, and report any absences to both the preceptor and DCE by 8am that day. Students must make up time missed on the rotation; if unable, contact the DCE.
- Keep an accurate log of each patient encounter and input all pertinent data in CORE/Exxat, verified by preceptor.
- Keep an accurate Procedural Skills Log in CORE/Exxat, also verified by preceptor.
- Always work under the direct supervision of the preceptor assigned by the program. Students are never in charge of a patient's care, nor are they allowed to provide any services without consultation and supervision of the preceptor.
- Meet with the DCE or the designee during a site visit.
- Attend the End of Rotation assessment day on campus the final day of the rotation.

*****PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of our PA students is evaluated on an ongoing basis throughout the program. Violations of standards of conduct are subject to disciplinary actions administered by the PA program. If preceptors observe and concerns about a student's professionalism, please contact the DCE immediately.*****

CUAA PA Program Responsibilities to the Preceptor and Clinical Site

- **Orient preceptors and students** to the structure of the clinical rotation and student learning.
- Develop and maintain good communication among the student, the PA program, & preceptors.
- Provide instructional objectives and learning outcomes for each rotation.
- Provide resources to enhance a preceptor's ability to teach and integrate students into workflow (see APPENDIX A).
- Provide CME credit, when available, to providers commensurate with their hours of precepting.
- Calculate all grades for rotation performance from multiple assessments, including preceptor/site evaluations, assignments, presentations, OSCE's, logging, and exams.
- Provide remediation when student deficits are identified; open communication and early problem solving may help to avoid a diminution in the educational experience.
- Ensure student health-requirements are all met per CDC guidelines. In addition to having a current health insurance policy and passing a health examination, the PA program requires the following immunizations:

1. Annual PPD, or QuantiFERON Gold test
 2. Chest radiography (every three years, if the PPD is considered positive);
 3. Hepatitis B immunization (established by three reported dates of immunization or by documented antibody titer);
 4. Tdap to those who have not received it before then Td (every 10 years);
 5. Rubella immunity (established by two reported dates of vaccination or documented antibody titer);
 6. Varicella immunity (established by documented history or antibody titer) or date of vaccination;
 7. Influenza vaccination each flu season.
- The PA program ensures the completion of HIPAA training as students will receive HIPAA training both during the didactic phase of the program, and again just prior to the start of clinical rotations.
 - The students are also responsible for completion of training in OSHA Guidelines.
 - Students are responsible for following required universal precaution guidelines at the clinical sites. This includes the use of personal protective equipment, proper care and disposal of sharps, and other precautionary measures. Students are also required to take and pass a Bloodborne Pathogen and Universal Precaution exam after receiving training in both of the areas prior to clinical rotations.
 - Students have received instructions regarding Incident Reporting.
 - Should a student sustain an exposure at the clinical site (i.e., blood or body fluid exposure, TB exposure, or needle stick) the student should report the incident immediately to the preceptor and receive appropriate medical care (under two hours from the time of exposure). An incident report (available in the clinical handbook and in CORE/Exxat) should be completed at the site. The student must contact the Director of Clinical Education. Ultimately, the student is responsible for initiating care and follow up care after an exposure at a physician's office or urgent care or emergency facility. All costs are the sole responsibility of the student.
 - Each PA student is fully covered for malpractice insurance by the PA program.
 - CUAA provides each student with a \$1M/3M malpractice insurance policy. The policy is described within the affiliation agreement between the university and facility. Formal copies are to be requested from the Director of Clinical Education.
 - The Director of Clinical Education or his/her designee will visit active clinical sites (active: precept at least one student annually) at least once every 3 years. Site visits may be completed in-person or via tele- or video-conference. Scheduling of site visits will be coordinated by both the DCE and the clinical site to find a mutually agreeable time. The purpose of the site visit is three-fold:
 1. To ensure that the clinical site can provide a safe environment for student learning, as well as adequate facilities, patient populations, and preceptor supervision.
 2. To evaluate the student's development in their medical knowledge, clinical skills, interpersonal skills, problem solving, and professional behaviors.
 3. To allow for frank and honest exchange of information among all involved parties.

Overview of the CUAA PA Curriculum

The Concordia University Ann Arbor PA Program is a full time 28 consecutive month curriculum housed on the Ann Arbor North Campus. The didactic portion of the program is 16 months long. The clinical portion of the program is 12 months in length with a summative evaluation in the final 4 months of the program. Rotations will include placement in urban, suburban, rural, and medically underserved settings throughout Michigan as well as out of state locations.

The didactic phase of the program includes basic sciences, clinical medicine, surgical medicine and behavioral medicine. Topic areas include human anatomy with cadaver lab, physical examination and history taking, patient care and health promotion/disease prevention, physiology/pathophysiology, pharmacology, clinical skills, and topics and issues related to the PA profession and U.S. health care system. The didactic phase is designed to prepare the student for the clinical year, when greater learning will occur with hands-on experience in all of these fields of medicine.

CLINICAL YEAR ROTATIONS:

PHAS 6000 Family Medicine I

PHAS 6005 Family Medicine II

PHAS 6010 Internal Medicine I

PHAS 6015 Internal Medicine II

PHAS 6020 Women's Health

PHAS 6025 Pediatrics

PHAS 6030 Behavioral Medicine

PHAS 6035 Surgical Medicine

PHAS 6040 Emergency Medicine

PHAS 6045 Elective I

PHAS 6050 Elective II

PHAS 6100 Summative Assessment

APPENDIX A

THE ONE MINUTE PRECEPTOR -

A Method for Efficient Evaluation and Feedback

The one-minute preceptor is a strategy for efficiently structuring an interaction with a learner. It consists of the following steps:

1. **Get a learner commitment**
 - a. So, what do you think is going on with this patient?
 - b. How would you like to treat this patient?
 - c. Why do you think the patient came today?
 - d. What would you like to accomplish on this visit?
2. **Probe for supportive findings/evaluate the thinking leading to that commitment**
 - a. How did you reach that conclusion?
 - b. What makes you....?
 - c. What findings support your diagnosis?
 - d. What else did you consider?
3. **Reinforce what was correct/give positive feedback**
 - a. I agree with your interpretation
 - b. I am pleased that you included...that aspect of the physical exam.
 - c. I appreciate your consideration of the patient's financial situation in prescribing...
4. **Constructive guidance about errors or omissions/give negative feedback**
 - a. I disagree with...the scope of your differential diagnosis.
 - b. What else do you think you might have included?
 - c. Including the abdominal exam would have been important...
 - d. A more efficient way to...
5. **Teach a general principle/clarify "the take home" lesson**
 - a. So, in general, it's important to remember...
 - b. It is always important to think about...
 - c. In general taking a little extra time...
 - d. Why don't you read up on this tonight and report back tomorrow...

(Adapted by the Physician Assistant Program, Oregon Health Sciences University, Portland, with credit to the Department of Family Medicine, University of Washington, Seattle. Reference: Nether JO, Gordon KC, Meyer B, Stevens N. A Five-Step "Microskills" Model of Clinical Teaching. *J Am Bd of Fam Pract* July-Aug. 1992; Vol. 5 No. 4, 419-424.)

APPENDIX B

Technical Skills

*Upon completion of all eleven of the rotations, the student should be able to demonstrate/perform the competency in the following skills. Skills in **bold type** require the student to have participated in at least one of the procedures by the end of the program. Skills performed in the Clinical Skills class of the didactic year which demonstrated competency qualify. Skills should be logged in the software tracking system.*

REQUIRED TECHNICAL SKILLS:

Administer IM or SC injections/immunizations

Interpret EKG

Interpret routine X-rays (CXR, Abd, Spine, extremity)

Interpret radiologist's report for imaging studies (CT, MRI, U/S)

Perform laceration repair including skin adhesives/staples/suture

Perform pap smear and/or cervical cultures

Perform pelvic exam

Perform postpartum evaluation

Perform prenatal visit to include measuring fundal height and checking fetal heart rate

Perform a surgical scrub

Perform sterile technique while surgical assisting in OR

RECOMMENDED TECHNICAL SKILLS:

Administer a nebulizer treatment

Apply basic splints

Correctly place chest decompression tube

Interpret dipstick urinalysis

Interpret TB test

Interpret urine pregnancy test (hCG)

Perform ACLS

Perform Abscess Incision and Drainage (I&D) and packing

Perform and interpret results of lumbar puncture

Perform Arterial puncture (ABG)

Perform BLS

Perform clinical breast exam

Perform cryotherapy of skin lesion

Perform digital rectal and prostate examination

Perform endotracheal intubation and bag-valve mask ventilation

Perform fingerstick with glucometer

Perform foreign body removal (ear, nose, eye, skin)

Perform fundoscopic exam

Perform G-tube placement

Perform ingrown toenail excision

Perform intraoperative knot tying

Perform IV Catheterization/cannulation

Perform joint aspiration
Perform local anesthetic administration, including digital blocks
Perform nasopharyngeal swabs and throat swabs
Perform NG tube placement
Perform ophthalmic fluorescein staining/Wood's lamp exam
Perform peak flow testing and interpretation
Perform punch biopsy
Perform rapid strep A antigen test
Perform spirometry/incentive spirometry
Perform stool testing for occult blood
Perform straight and/or foley catheterization of urinary bladder
Perform subungual hematoma drainage
Perform suture/staple removal
Perform testicular exam
Perform venipuncture/phlebotomy
Perform visual screen
Perform wound care (including debridement and irrigation)
Other (please specify)