



University of
Pittsburgh

School of Health and
Rehabilitation Sciences

Physician Assistant Studies Hybrid Program

Preceptor Handbook

**Tips, Tools, and Guidance for the Physician Assistant Studies Hybrid Program
Preceptors**

Website: <https://www.shrs.pitt.edu/pashybrid>

Mailing Address/Building Location:
University of Pittsburgh Department of Physician Assistant Studies
Physician Assistant Studies Hybrid Program
3420 Forbes Avenue, 2nd Floor
Pittsburgh, PA 15260

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Introduction

We would like to welcome you to our educational team and thank you for your hard work and dedication to the University of Pittsburgh Physician Assistant Hybrid Program and students. As a clinical preceptor, you are an integral part of our program and key to successful learning experiences in the clinical setting. We hope you enjoy the opportunity to teach and that your investment of time and talent will be rewarded, and perhaps balanced, by the ability of our students to assist in providing quality patient care under your supervision.

This Preceptor Handbook is designed to support the relationship between you, our University of Pittsburgh Physician Assistant Hybrid students, and our program. Please reach out to us if you have any questions, concerns, observations, or suggestions to help us better prepare our students for your rotation and/or support you as a valued clinical preceptor.

We appreciate your dedication to co-teaching and developing the skills and clinical judgments necessary to create excellent, professional clinicians.

Thank you for your commitment to PA education!

Mission, Vision, and Goals

University of Pittsburgh Mission

The University of Pittsburgh, founded in 1787, is one of the oldest institutions of higher education in the United States. As one of the nation's distinguished comprehensive universities, the resources of the University constitute an invaluable asset for the intellectual, economic, and social enrichment of Pennsylvania, while the international prestige of the University enhances the image of Pennsylvania throughout the world.

The University's mission is to:

- Provide high-quality undergraduate programs in the arts and sciences and professional fields, with emphasis upon those of special benefit to the citizens of Pennsylvania
- Offer superior graduate programs in the arts and sciences and the professions that respond to the needs of Pennsylvania, as well as to the broader needs of the nation and the world
- Engage in research, artistic, and scholarly activities that advance learning through the extension of the frontiers of knowledge and creative endeavor
- Cooperate with industrial and governmental institutions to transfer knowledge in science, technology, and health care
- Offer continuing education programs adapted to the personal enrichment, professional upgrading, and career advancement interest and needs of adult Pennsylvanians; and
- Make available to local communities and public agencies the expertise of the University

in ways that are consistent with the primary teaching and research functions and contribute to social, intellectual, and economic development in the Commonwealth, the nation, and the world.

- The trustees, faculty, staff, students, and administration of the University are dedicated to accomplishing this mission to which they pledge their individual and collective efforts, determined that the University shall continue to be counted among the prominent institutions of higher education throughout the world.

This mission statement was approved by the University's Board of Trustees on February 16, 1995 and is unchanged to date.

Physician Assistant Studies Hybrid Program Mission

The mission of the Physician Assistant Studies Hybrid Program is to develop highly qualified physician assistants who will serve as collaborative leaders in patient care, professional service, and advocacy for all populations.

The mission of the program will be achieved by pursuing the following program goals:

- Goal 1:** To create and foster an atmosphere of learning and practice that emphasizes, promotes, and champions diversity, equity, and inclusion in our Programs, in our School and in the health care professions
- Goal 2:** To provide students with the required cognitive knowledge, affective behaviors, and psychomotor skills to function as a physician assistant consistently and reliably.
- Goal 3:** To graduate skilled physician assistants who practice patient-centered care
- Goal 4:** To inspire a lifelong desire and responsibility for continued learning, service to the community and advocacy within the health care profession
- Goal 5:** To encourage graduates to pursue educational, research and administrative activities within the health care profession
- Goal 6:** To advance PA education by incorporating clinical technology to prepare students to practice in the clinical environments of the future

The program goals will be attained by the students acquiring the following associated program competencies / program learning outcomes:

- Competency 1:** Gather clinical information, formulate differential diagnoses, order, and interpret laboratory and imaging, perform necessary core duty procedures, and diagnose, prevent, treat, and manage illness among acute, chronic and emerging disease states
- Competency 2:** Integrate into practice appropriate literature to make evidence-based decisions on patient care
- Competency 3:** Integrate into practice the cultural norms, needs, influences and socioeconomic, environmental, physiological, and other population-

level determinants affecting the health of the individual and community being served

Competency 4: Integrate into practice the interventions that diminish health disparities involving race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location involving the individual patient and the community being served

Competency 5: Integrate into practice basic principles of public health including epidemiology, disease prevention, surveillance, reporting and intervention. Provide appropriate referrals involving the public health system to ensure patient advocacy and in the maintenance of population health

Competency 6: Communicate effectively and respectfully with patients, families, and other health care professionals

Competency 7: Coordinate care to optimize the health of patients and populations

Competency 8: Provide standard-of-care practice while demonstrating respect for the dignity and privacy of patients.

Competency 9: Incorporate a personal wellness plan to prevent impairment and burnout

Competency 10: Demonstrate professional accountability

Competency 11: Differentiate the types of health care systems and health insurance coverage, including Medicare, Medicaid, and the Children's Health Insurance Program

Competency 12: Practice health care informed by an understanding of the financial implications to patients, organizations, and society

Competency 13: Recognize personal limitations and incorporate a quality improvement process designed to maximize patient safety, prevention of medical errors and incorporation of risk management

Clinical Year Objectives

The general goals of clinical year education include:

- Application of didactic knowledge to supervised clinical practice experiences
- Enhancement of clinical problem-solving skills
- Expansion of medical fundamental knowledge
- Excellence in concise history taking
- Excellence in physical examination skills
- Refinement of oral presentation
- Precision in written documentation skills
- Expression of understanding physician assistant role in the delivery of healthcare
- Preparation for the Physician Assistant National Certifying Exam (PANCE)
- Development of interpersonal and professional skills necessary for members of interdisciplinary teams

Technical Standards/Competencies

All candidates and graduates must possess the necessary intellectual ability and skills in observation, communication, motor, behavioral and social areas as well as in ethics and professionalism to enter and successfully complete the program.

Our technical standards specify the abilities and skills needed to successfully complete our curricular requirements.

Graduates are expected to have a broad competence in the basic skills underlying the general practice of medicine and surgery.

All graduates must be able to take a history and synthesize the findings into a diagnosis and plan of evaluation and treatment.

Must possess the requisite technical skills with or without accommodations to accomplish these requirements in a reliable manner and become competent and safe healthcare practitioners.

Essential abilities and characteristics required for completion of the Master of Science degree consist of certain minimum physical and cognitive abilities and emotional characteristics to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of training, with or without reasonable accommodation.

Accommodations may involve the use of an intermediary performing a task on the candidate's behalf, but this must not be done in a manner that compromises the candidate's independent judgement.

The technical standards delineated above must be met with or without accommodation.

Students who, after review of the technical standards, determine that they require reasonable accommodation to fully engage in the program should contact the Disability Resources and Services (DRS) Office to confidentially discuss their necessary accommodations.

Given the clinical nature of our programs, time may be needed to create and implement the accommodations. Accommodations are never retroactive; therefore, timely requests are essential and encouraged.

Observation

- Must be able to comprehensively assess a patient and evaluate findings accurately
- Must be able to obtain information from demonstrations and skills labs

Communication

- Must be able to interact with patients in order to elicit information, detect changes in mood, activity, and to establish a therapeutic relationship.
- Must be able to communicate effectively and sensitively with all patients and all members of the health care team both in person and in written form.
- Candidates and graduates must possess the skills of sensitivity and confidentiality in patient communication. They must abide by the HIPAA policy.

Motor Skills

- Must, after a reasonable period of time, possess the capacity to perform a physical examination and perform diagnostic maneuvers.
- Must be able to provide or direct motor movements required to provide general care to patients and provision of emergency treatment of patients. Such actions require coordination of some gross and fine muscular movements, balance and equilibrium.
- Candidates and graduates must be able to elicit information on patient exam by palpation, auscultation, and percussion as well as carry out diagnostic maneuvers.
- Candidates and graduates must be able to manipulate equipment and instruments for basic laboratory tests and procedures such as airway management, suturing, needle placement & IV, stethoscope & ophthalmoscope, tongue blades, gynecologic speculum and scalpel.

Intellectual Ability

- Must be able to assimilate detailed and complex information presented in both didactic and clinical coursework, and engage in problem solving.
- Must possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information.
- Must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures, and to adapt to different learning environments and modalities.
- Behavioral and Social
- Must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, attend to the responsibilities necessary for the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty, and staff.
- Must be able to adapt to changing environments, to display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, professionalism, interest, and motivation are all personal qualities that are expected during the education processes.
- Must be able to undertake the physical and mental demands of the physician assistant

education curriculum.

- Candidates and graduates must be able to interact with a diverse population.
- Ethics and Professionalism
- Students must maintain and display ethical and moral behaviors commensurate with professionalism as a physician in all interactions with patients, faculty, staff, students and the public.

The student is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the Physician Assistant profession.

Standards of Professional Conduct

1. Professional conduct and attitude are expected of all students at all times during clinical rotations. Unprofessional conduct or attitude toward program faculty or staff, clinical facility staff, patients, or the public is grounds for review by the academic and professional affairs committee.
2. Students should report to their clinical rotation site approximately 15 minutes prior to their scheduled time unless otherwise directed by clinical faculty.
3. Students should try to always stay busy and make themselves available to perform any duties within the scope of their training.
4. Students may study when clinical areas are quiet and there are not patients present to observe or assist with care for.
5. Students must not perform any duties beyond their scope of training or in procedures in which one has not been trained. Performing beyond one's scope of practice or without adequate training is grounds for review by the Student Development and Progression Committee
6. Students may only perform procedural skills under the direct supervision of a clinical faculty member or designated preceptor. Performing unsupervised procedures is grounds for review by the Student Development and Progression Committee
7. Students may only review medical records for and participate in the care of patients to whom they are assigned.
8. Students must maintain patient confidentiality and follow all HIPAA guidelines. Discussion of a patient's condition or treatment should only be held in a private location with clinical personnel responsible for the patient's care. Violation of patient confidentiality is grounds for review by the Student Development and Progression Committee.
9. Questions from the patient, their family, or others regarding the patient's condition or treatment must be referred to the preceptor.
10. If a student disagrees with, or questions the care plan of a patient, this should not be done in the presence of a patient or his family. Questions should be respectfully directed to the preceptor at an appropriate time and place.
11. Students must not discuss or criticize the actions of physicians, nurses, technicians,

- support staff, or program faculty/staff. Any problems or concerns should be discussed with the clinical faculty.
12. Students are not permitted to seek medical advice for themselves, family, or friends during clinical rotations.
 13. Students are not permitted to bring relatives or friends to their clinical rotation sites.
 14. Students should not use the hospital or facility telephones for personal calls.
 15. Students should follow all hospital and clinic policies and procedures as set forth during the practice/facility orientation.

Student Role

Physician Assistant students will be considered an extension of instructional faculty with the ability to perform tasks as delegated to them by the supervising preceptor.

The specific role of the PA student will vary from preceptorship to preceptorship, however, there are standard procedures that must be adhered to by both the PA student and preceptor.

Student Responsibilities

- Adherence to professional conduct standards
- Attend clinical preceptorships as scheduled, in addition to grand rounds, lectures, and conferences as made available to them.
- Obtain detailed histories and conduct physical examinations.
- Perform and/or interpret common laboratory and diagnostic studies.
- Develop a differential diagnosis.
- Formulate an assessment and plan through discussion with the preceptor.
- Give an accurate oral presentation.
- Provide concise and accurate documentation of findings.
- Educate and counsel patients on health-related concerns across the lifespan.
- Demonstrate adaptability, flexibility, emotional resilience, and stability throughout the clinical year.

Open lines of communication must be maintained between the clinical faculty and the clinical year Physician Assistant students. The following points of communication between the student and clinical faculty are required for each Clinical Rotation:

- Confirmation of arrival to clinical site
- Identification of the primary preceptor and their contact information
- Submission of preceptorship schedule by the completion of the first week of the preceptorship
- Immediate notification if students identify any areas of concern with the Clinical

Rotation site or assigned preceptor.

Electronic communication with any program faculty, staff, and administration must be performed utilizing the University of Pittsburgh email account. To maintain privacy and student security, no outside accounts will be recognized for student communication.

- Physician Assistant students may not be used to substitute for hospital or office staff, and students may not receive monetary or other compensation for their services at a clinical site.
- Every patient seen by a Physician Assistant student must be seen by a preceptor!
- Name tags must be clearly displayed at all times in the clinical setting to ensure student identification. Short white coats with the University of Pittsburgh Department of PA Studies emblem and business casual clothing must be worn unless otherwise requested by instructional faculty. Students must be introduced to patients and clinic staff as physician assistant students.

Patient Logging: Accurate maintenance of the patient database is essential to ensuring adequate student experience in patient type, load, and depth of involvement in care. Continuous review of clinical patient encounters via Exxat logging software will occur by the clinical year team at the point of mid-rotation evaluations and at the completion of the clinical preceptorship. Students identified as at-risk for inability to meet any of the above clinical encounter benchmarks may undergo changes to their clinical preceptorship schedule to ensure they have a sufficient depth and breadth of clinical experiences in each group. Changes may include movement to a different clinical site or assignment of additional core clerkships during their elective/clinical specialty preceptorship.

Preceptor Role

Preceptors serve an integral role in Physician Assistant education as a role model for students who will assist in fine tuning their clinical skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development.

Preceptors during the clinical education portion of the Physician Assistant program primarily consist of licensed and board-certified physicians and physician assistants. Occasionally, students may be assigned to a Nurse Practitioner during portions of a clinical preceptorship.

Preceptors must assist students in the completion of a tour and orientation to the practice, discussion of goals and expectations of the preceptorship, approval of the student schedule, review of preceptorship objectives, student supervision, documentation and charting on all patient encounters, evaluation of student presentation, teaching, and evaluation completion.

Preceptor Responsibilities

- Adhere to professional and ethical conduct standards while serving as a role model for the student.
- Collaborate with PA program faculty and students to ensure that student learning outcomes are met for each clinical preceptorship.
- Orient students with the practice/site policies, procedures, and expectations.
- Provide ongoing constructive feedback regarding clinical performance, fund of knowledge, and critical thinking skills.
- Teach, demonstrate, and supervise clinical activities to enhance clinical skills and ensure quality patient care.
- Promote an appropriate level of responsibility for clinical assessment and management for student's level of experience and expertise.
- Participate in the evaluation of medical knowledge and clinical skills through direct supervision and teaching in the clinical setting, direct evaluation of oral and written presentations, and through the assignment of outside readings and research to promote further learning.
- Engage in open dialogue with program faculty during site visits to enhance learning and evaluate student progress.
- Review clinical documentation to evaluate the student's ability to write concise progress notes, histories, physical examinations, assessments, and treatment plans.
- Complete and return evaluation forms provided by the program in a timely manner that accurately reflects student knowledge and skills, as well as areas of improvement throughout the preceptorship.
- Notify the program promptly if any circumstances arise that may interfere with the student's ability to complete the preceptorship.
- Demonstrate cultural competency in each patient interaction.

Preceptor-Student Relationship

Preceptors are expected to always maintain a professional relationship with Physician Assistant students while adhering to appropriate professional boundaries. Contact through social media and web-based networking should be avoided until the student fully matriculates through the educational program, or at a minimum, completes the rotation where the supervision is occurring. In situations where preceptors and students have an existing personal relationship prior to the start of the rotation, a professional relationship must be always maintained in the clinical setting. All questions and concerns should be directed to the clinical faculty for clarification.

Preceptor-Program Relationship

Successful clinical training of Physician Assistant students depends on maintaining good communication among the students, the PA program, preceptors, and the clinical faculty.

Preceptors must communicate with the clinical faculty at the following times:

- Student Concerns – preceptors and students should attempt to handle minor concerns with one another directly; however, the preceptor should notify the clinical faculty promptly if any circumstances arise that impede the student’s training experience.
- Vacation – preceptors must inform the clinical faculty if they are taking a vacation that extends beyond one week during a clinical preceptorship with a student. Student supervision is a critical component of the clinical experience. Student supervision may be delegated to another licensed healthcare provider during the preceptor’s absence with program notification and approval.
- Licensure – all preceptors must maintain active and current state licenses to work with students. The preceptor must notify the program immediately in the case of license expiration or if their license is revoked for any reason.
- Board Certification – all preceptors must notify the program immediately if a change to board certification arises.
- Student Visit – preceptors are encouraged to meet with the clinical faculty briefly during any student visits. Unless circumstances arise with student or site concerns, preceptors should anticipate encountering one site visit per clinical year.

Orientation to the Practice

Each student must receive an orientation to the practice to facilitate a quicker integration for students into the healthcare team. Additionally, an adequate practice orientation will assist students in developing the capability of working more efficiently in the practice.

By the end of the first day of the rotation, students should have access to the electronic health record (as approved by the healthcare facility), complete necessary paperwork and EMR training, obtain an identification badge, and complete any additional site-specific trainings or requirements.

By the conclusion of the first week, preceptors should meet with each student to formulate mutual goals for their rotation achievements. At this time, all preceptor expectations should be communicated to the student, including:

- Interactions with office and professional staff
- Attendance and rotation hours
- Call expectations
- Overnight/weekend expectations
- Participation during conferences and rounds
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments

- Additional information felt necessary

Students are expected to communicate any special scheduling needs they may have during their rotation with the preceptor and clinical faculty.

Many clinical sites create their own written orientation manual that can be distributed to each student prior to the first day of the rotation to help students become more efficient while in their rotation.

Preparing Administrative Staff and Clinical Providers for Students

Each member of the office staff/clinical team play an essential role in ensuring that each student has a successful rotation experience. Student functionality and confidence is enhanced as they are oriented to office, clinic, and ward routines. The preceptor should notify staff about how the student will interact with them and with patients.

Many clinical sites create a memo to distribute to staff prior to the student's arrival that includes:

- Student's name
- Student's schedule
- Student's role in patient care
- Expected effect of the student on office operations
- How patients will be scheduled for the student

Supervision of a Student

Preceptors or alternate preceptors must be available for supervision, consultation, and teaching students while on clinical rotations. Although the primary supervising preceptor may not be with the student during each shift, students must be assigned to another MD, DO, PA, or NP who will serve in the primary preceptor's place for that time.

Students are not employees of the hospitals or clinics and should not be treated as such, therefore, students must work entirely under the supervision of the preceptor or their designated alternate.

Each patient seen by a student must also be seen by a clinical preceptor prior to the patient being discharged. PA students may not perform any procedures without the supervision of a preceptor.

Informed Consent

Each patient must be informed that a physician assistant student will participate in their care,

and the patient's consent for student involvement in their care must be obtained. Consent should be obtained verbally from the patient or using a standard forms through the office for consent for treatment.

Students must be clearly identified as a PA student and must also verbally identify themselves as a student prior to providing patient care. Any requests from patients to not be seen by the PA student must be honored.

Documentation

The ability of the PA student to enter information in the medical record is at the discretion of the preceptor and/or healthcare facility. Writing a succinct note that communicates patient condition effectively is a critical skill that PA students must develop. Students permitted to document in the

medical record must be clearly identified as "student" and must include the PA student's signature with the designation "PA-S" on each document.

Preceptors should review documentation guidelines and clearly understand how different payors view student notes related to documentation of services provided for reimbursement purposes. In situations where students are not permitted to document in the EMR system, students are encouraged to complete hand-written notes to be reviewed by preceptors for feedback as time allows.

At a minimum, preceptors must document that the student was supervised during the entirety of the patient visit.

Medicare Guidelines for Reimbursement

Medicare reimbursement limits student participation regarding documentation. Students may document aspects of the history, including past medical history, family history, social history, and review of systems. The preceptor is responsible for documenting the History of Present Illness (HPI), Physical Examination (PE), and all components of medical decision making for proper billing.

CMS rules regarding student documentation can be found at the link below:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4068CP.pdf>

Prescription Writing

Students may transcribe prescribing information for the preceptor, but the preceptor is responsible for signing all prescriptions. The student's name may not appear on written prescriptions and only the preceptor should sign and send electronic prescriptions.

Expected Progression of the Clinical Year Student

From the beginning of their first rotation, clinical year students should be competent in taking detailed histories, performing physical examinations, giving oral presentations of findings, and developing a differential diagnosis. As the year progresses, students will develop an effective assessment and plan through discussion with the clinical preceptor.

Preceptors may determine the extent of student participation in patient care throughout the rotation. It is acceptable for students to observe patient encounters initially, however, by the end of the first week, students should be actively participating in patient care. As preceptors improve their comfortability with student's skills and abilities, students should have a progressive increase in allowed supervised autonomy.

Student Evaluation

Student evaluations are designed to enhance communication between students and preceptors. Preceptors are expected to complete two evaluations (midpoint and final) for each student during each clinical rotation via EXXAT. Preceptors should discuss student strengths and weaknesses as well as provide recommendations on ways to improve upon their weaknesses. Evaluations should reflect the student's knowledge and skills as well as their improvement throughout the clinical rotation.

The evaluation that students receive from the preceptor is essential to their education and rotation grade. Students must receive a passing evaluation for each core rotation. If deemed "not passing," the clinical faculty will discuss the student's performance with both the student and the clinical preceptor. Students may be required to repeat the clinical rotation or undergo a formal remediation from the program dependent upon reasons behind evaluation failure.

The final grade for each clinical rotation and the decision to pass or fail a student are made by the clinical faculty and in some cases, by consultation with additional program faculty.

If specific questions surrounding student feedback and evaluations arise, the clinical faculty should be contacted for clarification.

Red Flag Behaviors

Each preceptor evaluation form contains a list of **red flag** behaviors that represent concerns which may become problematic for students if not corrected in a timely manner. Preceptors are encouraged to notify the program if any of these behaviors occur. Students identified with red flag behaviors will meet with the clinical faculty to develop an action plan for improvement to optimize their clinical education and opportunities for success in clinical practice upon graduation.

- a) Doesn't know limitations: not cautious, proceeds on own without asking, overestimates

abilities

- b) Impractical plans and suggestions, dangerous orders, off on tangents
- c) Incomplete or sloppy work with unfinished charts or failure to complete assignments
- d) Unresponsive to correction when deficiencies are noted, makes same errors repeatedly, defensive
- e) Doesn't take initiative and needs constant direction
- f) Poor attitude: negativism, chronic complaining, lack of enjoyment in work
- g) Performance affected by lack of self-confidence
- h) Student spends work time on social media
- i) Student does not appreciate the role of other healthcare professionals
- j) Repeated absence from activities, lateness, not available for rounds and conferences
- k) Repeatedly fails to identify self as PA student
- l) Appearance not appropriate for site
- m) Unprofessional behavior

Student Feedback

Formal evaluations of students by the preceptor will occur once during each clinical rotation; however, it is imperative that students receive continuous feedback that is both positive and constructive on a daily basis.

Feedback is expected to help students improve their clinical performance and enhance patient care. If specific questions surrounding student feedback and evaluations arise, the clinical faculty should be contacted for clarification.

Program Policies

Please refer to the PA program webpage for program-specific policies:

<https://www.shrs.pitt.edu/sites/default/files/library/documents/PA%20Studies%20Hybrid%20Program%20PP%20Manual%20-%20Final.pdf>

Preceptor Perks

1. Pitt PreCEPT

Introducing PreCEPT (Preceptor Continuing Education and Preceptor Training)! An innovative learning opportunity for Preceptors of APP Students that was developed by our Department in conjunction with APP Preceptor Leadership from UPMC. The PreCEPT program empowers preceptors with the knowledge and tools to enhance the quality of clinical experiences for students and the teaching experience for preceptors. Participants gain access to best practices, resources, and a supportive community,

allowing them to customize their learning experience. Upon completion, learners will excel in mentoring, utilizing effective teaching strategies, managing time in clinic time, and will establish valuable connections within the precepting community. Click the link to get started today! <https://shrscontinuingeducation.pitt.edu/programs-department/physician-assistant-studies/precept>

2. CME Credits for Precepting Students

- The American Academy of PAs offers PAs Category 1 CME credit for clinical precepting. <https://www.aapa.org/cme-central/aapa-cme-accreditation/category-1-cme-for-preceptors/>
- After you have precepted, fill out the: https://pitt.co1.qualtrics.com/jfe/form/SV_9ysD7liHkzLlj0 to obtain your certificate.

3. Feedback and Mentoring of Clinical Students

- Earn up to 1.5 hours of Category 1 CME credit at no charge!
- If you don't already have one, [create an account](#) with the University's WISER Institute.
- [Request registration using this link:](#)
 - Click "Register for a Class" and follow the instructions
 - When registering, please mark your Role in Class as a "PARTICIPANT" (not as an instructor) and the Preferred Class Date as "12/31/2020 01:01 AM - 12:00PM" (this sets a deadline for course completion but you will be able to access the course soon after registration).

4. Advanced Practice Provider Grand Rounds: What Do Universities Look for in Preceptors?

- This course is designed for practicing Physician Assistants, Physicians, Nurse Practitioners, and students enrolled in NP/PA programs. Upon completion of this activity, participants should be able to:
 - Discuss the requirements to become a preceptor
 - Describe the characteristics of a successful preceptor
 - Define the role of a preceptor
- [Click here to complete this module](#) for up to 1 hour of Category 1 CME credit at no charge!

5. Pittsburgh SBIRT (Screening, Brief Intervention, Referral to Treatment)

- Hosted by the Program Evaluation and Research Unit (PERU) of the University of Pittsburgh School of Pharmacy, SBIRT is a comprehensive and integrated public health approach to the delivery of early intervention and treatment services through universal screening for persons with substance use disorders (SUD) and those at risk of developing these disorders.

- [Click here to request SBIRT training](#) for a maximum of 8 hours of Category 1 CME credit at no charge!

Liability Insurance

Each PA student must be fully covered with malpractice insurance as a requirement of the PA program. Students are not permitted to participate in patient-care activities outside of the formal rotation assignment agreement prior to graduation. Liability insurance will not cover students in these circumstances.

Additionally, PA students working in a paid position in a different health-care related capacity at any time during their PA education are not permitted to assume the role of a PA student while on duty as a paid employee. Students may not 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 in situations outside of an assigned clinical rotation.

Program Resources – Appendices

- One-Minute Preceptor
- SNAPPS - A Six-Step Learned-Centered Approach to Clinical Education
- Incorporating Students into Patient Care Workflow
- Introducing and Orienting a PA Student to your Practice
- Tailoring Clinical Teaching to an Individual Student
- Ask-Tell-Ask Feedback Model

One-Minute Preceptor

Authored by: PAEA's Committee on Clinical Education

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1-PAGERS
for
PRECEPTORS

The One-Minute Preceptor teaching method guides the preceptor-student encounter via five microskills. This method is a brief teaching tool that fosters assessment of student knowledge as well as provision of timely feedback. The strengths of this teaching method include: increased involvement with patients, increased clinical reasoning by the students, and the student receiving concise, high-quality feedback from the preceptor.

When to use this: During the "pregnant pause" (i.e., when you find yourself wanting to rush things along and give the students the answer, rather than asking for their thoughts)

What not to do: Ask the student for more information about the case or fill in all of the gaps that you noted in the student's knowledge base and presentation skills at once

Microskills

1 Get a Commitment

Focus on one learning point. Encourage students to develop their critical thinking and clinical reasoning skills. Actively engage the student, establishing their readiness and level of competence. Push the student just beyond their comfort zone and encourage them to make a decision about something, be it a diagnosis or a plan.

Ex: "So, tell me what you think is going on with this patient."

2 Probe for Supporting Evidence

Uncover the basis for the student's decision — was it a guess or was it based on a reasonable foundation of knowledge? Establish the student's readiness and level of competency.

Ex: "What other factors in the HPI support your diagnosis?"

3 Reinforce What Was Done Well

The student might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes.

Ex: "You kept in mind the patient's finances when you chose a medication, which will foster compliance, thereby decreasing the risk of antibiotic resistance."

4 Give Guidance About Errors/Omissions

Approach the student respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, students may never discover that they are making these errors and hence repeat them.

Ex: "I agree, at some point PFTs will be helpful, but when the patient is acutely ill, the results likely won't reflect his baseline. We could gain some important information with a peak flow and pulse ox instead."

5 Teach a General Principle

Sharing a pearl of wisdom is your opportunity to shine, so embrace the moment! Students will apply what is shared to future experiences. Students tend to recall guiding principles, and often the individual patient may serve as a cue to recall a general rule that was taught.

Ex: "Deciding whether or not someone with a sore throat should be started on empiric antibiotics prior to culture results can be challenging. Fortunately, there are some tested criteria that can help..."

Summarize

Consider summarizing or concluding, ending with next steps (e.g., plan for the patient, reading assignment for the student, schedule for follow-up with the student, etc.).

REFERENCE

Neher J, Gordon K, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. *Journal of American Board of Family Practice*, 1992; 5: 419-424.



SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education

1-PAGERS
for
PRECEPTORS

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SNAPPS is a learner-centered teaching approach to clinical education consisting of six steps. In learner-centered education, the learner takes an active role in their educational encounter by discussing the patient encounter beyond the facts, verbalizing their clinical reasoning, asking questions, and engaging in follow-up learning pertinent to the educational encounter. The preceptor takes on the role of a facilitator by promoting critical thinking, empowering the learner to have an active role in their education, and serving as a knowledge "presenter" rather than a knowledge "source."

<p>S Summarize briefly the history and findings</p>	<ul style="list-style-type: none"> Obtains a history, performs a physical examination, and presents a summary of their findings to the preceptor. The summary should be brief and concise and should not utilize more than 50% of the learning encounter (~3 minutes maximum to present) 	<p><i>"Eric is a 7-year-old male with a 3-month history of right knee pain and swelling that occurs daily. No other joints are affected. He reports difficulty playing soccer. He denies current or previous illnesses, recent travel, or injury. Daily ibuprofen provides little benefit."</i></p>
<p>N Narrow the differential to two or three relevant possibilities</p>	<ul style="list-style-type: none"> Provides two to three possibilities of what the diagnosis could be Presents their list prior to the preceptor revising the list 	<p><i>"Given the length of the symptoms, my differential diagnosis includes: juvenile idiopathic arthritis, reactive arthritis, and injury."</i></p>
<p>A Analyze the differential comparing and contrasting the possibilities</p>	<ul style="list-style-type: none"> Discusses the possibilities and analyzes why the patient presentation supports or refutes the differential diagnoses Thinks out loud in front of the preceptor 	<p><i>"I think juvenile idiopathic arthritis is highest on my differential diagnosis given the age of the patient and the length of the symptoms. Reactive arthritis is lower due to the length of symptoms and no history of previous illness. Injury is low on the differential due to no history of injury."</i></p>
<p>P Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches</p>	<ul style="list-style-type: none"> Discusses areas of confusion and asks questions of the preceptor Allows the preceptor to learn about their thinking and knowledge base Prompts discussion from the preceptor on clinical pearls or areas of importance 	<p><i>"Is there anything else that you would include on your differential?"</i></p> <p><i>The preceptor may discuss the importance of considering septic arthritis in the differential diagnosis.</i></p>
<p>P Plan management for the patient's medical issues</p>	<ul style="list-style-type: none"> Discusses a management plan for the patient or outlines next steps Commits to their plan and utilizes the preceptor as a source of knowledge 	<p><i>"I would begin a prescription-strength anti-inflammatory medication and order an ANA."</i></p>
<p>S Select a case-related issue for self-directed learning</p>	<ul style="list-style-type: none"> Identifies a learning issue related to the patient encounter Discusses the findings from the learning issue with the preceptor 	<p><i>"I would like to understand the relationship of the ANA and the need for ophthalmology monitoring in juvenile idiopathic arthritis."</i></p>

REFERENCE

Wolpaw T, Wolpaw D, Papp K. SNAPPS: A learner-centered model for outpatient education. *Academic Medicine*. 2003; 78(9): 893-898. "Teaching Skills for the Preceptor: Learner-Centered Model." The Association of Gynecology and Obstetrics. www.pnwu.edu/files/4414/2551/7541/Teaching_Skills_for_the_Preceptor_Learner-Centered_Model.pdf. Accessed August 2016.



Incorporating Students into Patient Care/Workflow

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This 1-Pager for Preceptors serves as a resource for strategies that can be utilized to more effectively integrate students into clinical practice. Many clinicians express interest in precepting clinical students with the desire to "give back" to the profession, to serve as a role model for future clinicians, and to share their passion for clinical practice. However, there are perceived challenges to incorporating students into a clinical practice or workflow. Two of the most commonly cited challenges are time management and maintaining efficient patient throughput.

Share the Teaching Responsibilities

- Involve other clinician(s) (MDs, DOs, PAs, NPs) in the practice to work with the student
- Utilize nurses, MAs, techs, etc., to instruct students about procedures they perform (injections, phlebotomy, performing PFTs and EKGs, etc.)

Plan Ahead with Patients

- Preselect the patients most appropriate for the student to see (more straight-forward cases, open to students, etc.)
- Double-book/wave-schedule patients – have the student see a patient in one room while the preceptor sees one (or sometimes more) patient(s) in another room
- In general, students are not expected to see every patient that the provider does over the course of a day

Teamwork

- Have the student obtain the history and/or perform the physical exam while the preceptor observes and documents information in the electronic medical record
- Have the student observe encounters with complex patients

Fully Utilize Student

- Although the primary learning objective for the PA student is focused on the provision of patient care, there are some tasks that the MA might otherwise perform (take vital signs) that the student can do for the patient while the MA prepares another patient for the preceptor
- Have students call patients with test results after discussing them with the preceptor
- Have students provide patient education after confirming the information to be communicated

Summarize and Clarify

- Don't repeat every aspect of the patient history – summarize and clarify information obtained from the student about the patient
- Don't repeat the entire physical exam performed by the student – the preceptor should perform and document only those elements requiring evaluation and/or clarification

Set Time Limits

- If you have specific time constraints for a patient room, let the student know – "you have 15 minutes to see this patient"

Utilize Educational Strategies for Effective Teaching

- See the 1-Pagers for Preceptors: SNAPPS, One-Minute Preceptor, and Ask-Tell-Ask Feedback to maximize your teaching time

REFERENCES

Seim HC, Johnson OG. Clinical Preceptors: Tips for effective teaching with minimal downtime. *Fam Med* 1999;31(8):538-9.
Cayley Jr. WE. Effective Clinical Education: Strategies for teaching medical students and residents in the office. *WMJ* 2011;110(4):178-81.



Introducing/Orienting a PA Student to your Practice

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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 helps students develop the functional capacity to work more efficiently. Orientation should include several components:

- Preparing your **staff** to have a student
- Preparing your **patients** to have a student
- Orienting the student to your practice
- Giving an overview of the rotation/preceptor expectations
- Orienting the student to your community

If you plan to take students often, it may be easiest to create an Orientation Checklist or a Student Orientation Guide/Manual so that you are consistent each time. A more detailed description of each of these components is included below:

Preparing your staff to have a student:

The staff of an office/hospital setting play a key role in ensuring that each student has a successful rotation. 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 and schedule
- Student's expected role in patient care
- Expected effect of the student on office operations

Preparing your patients to have a student:

There are several ways for sites to notify patients that students will be participating in patient care:

- Post a sign at the check-in desk
- Nursing staff or preceptor notify patients directly (but not in front of the student)
- Preceptor identifies patients on the daily schedule that would be good cases for student participation

Orienting the student to your practice:

On the first day of the student's clinical rotation have a dedicated time and place to:

- Introduce the student to the staff and other medical providers that you work with
- Ask the office manager/HR to provide the student with an ID badge and computer access, EMR training, and the office policies and procedures; also give the student a tour of the clinic/hospital
- Ask one of your nurses/staff to show the student the patient flow process
- Let the student know what to do in the case of an emergency in the office/hospital

Overview of the rotation/preceptor expectations:

Within the first day or two of the student's clinical rotation, find time to discuss the following aspects of the rotation and your expectations of the student:

- The main things that you would like the student to learn/experience during the rotation
- The student's goals for the rotation (Help them to prioritize these)
- Roles and responsibilities of the student and interactions with the staff
- Student's schedule, hours worked, call, and extra opportunities (grand rounds, conferences, etc.)
- Medical documentation, oral presentations, and additional assignments
- Expected attire, medical equipment needed, and recommended texts/resources

Orienting the student to your community:

Discuss with the student early in the rotation characteristics of your local community or patient population that affect patient care as well as available community resources that your practice uses on a regular basis.

*Also be sure to take student and program feedback on your orientation process into consideration moving forward.

REFERENCES

<http://paeaonline.org/publications/preceptor-handbook/>
<https://www.med-ed.virginia.edu/courses/fm/precept/module1/index.htm>



Tailoring Clinical Teaching to an Individual Student

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PA students from the same or different programs may come to the clinical setting for training with differences in clinical knowledge and skills based on a number of factors, including:

- Experience level in their clinical training – students on a first rotation may require more direction than those later in their training.
- Whether your practice is primary care or a specialty. Nearly all PA students are trained as generalists.
- Patient care experiences prior to PA school. An IMG or independent Duty Corpsman might be expected to have more advanced skills than a former phlebotomist or scribe.

Suggestions for assessing student on first day of training

- Determine the student's status – early, mid, or late clinical training
- Ask what clinical experiences they had prior to PA school
- Ask how confident they feel in their ability to function clinically in your specialty
- Determine what their general goals are for the rotation (knowledge and skills they wish to acquire)
- Tailor the student's early experiences based on the factors above
- Provide observational experiences in the earliest days of the rotation for less comfortable students
- Note that more accomplished and comfortable students may be able to begin seeing patients independently while you see another patient
- Communicate with students that you expect them to evolve over your time together
- Directly observe certain students to assess skills in Hx, PE, and procedures

✓ Behaviors that indicate the student is "getting it"

- Presents thorough, focused history and physical
- Consistently articulates sound decision-making in differential and in working toward a diagnosis
- Develops and implements a reasonable plan of care
- Connects with patients interpersonally in caring manner
- Is organized, independent, and time-efficient
- Is self-confident but knows their limits, asks for help
- Has holistic view of care; includes health promotion and disease prevention
- Provides concise and accurate charting and oral presentations

⊘ "Red flag" behaviors

- Is hesitant, anxious, defensive, or not collegial
- Has uneasy rapport with patients and misses cues
- Presents less-focused history and physical with excessive incomplete data
- Performs physical examination poorly, or inconsistently
- Is unable to explain reasoning for diagnosis
- Is unable to prioritize patient problems
- Is unable to create plans independently
- Misses health education and disease prevention opportunities in plan
- Is unsure of tests to order
- Is unable to provide clear charting and presentations

*For students who consistently display any of the "red flag" behaviors, please document this for the PA program's clinical faculty as a part of the student evaluation. Students and the clinical staff must be aware of these issues to be able to provide appropriate remediation. Early contact with program faculty allows the development of a remediation plan during the time the student is rotating with you.

REFERENCE

Modified from: [https://www.midwestern.edu/Documents/AZ%20PA/Mastering_the_preceptor_role\(0\).pdf](https://www.midwestern.edu/Documents/AZ%20PA/Mastering_the_preceptor_role(0).pdf)

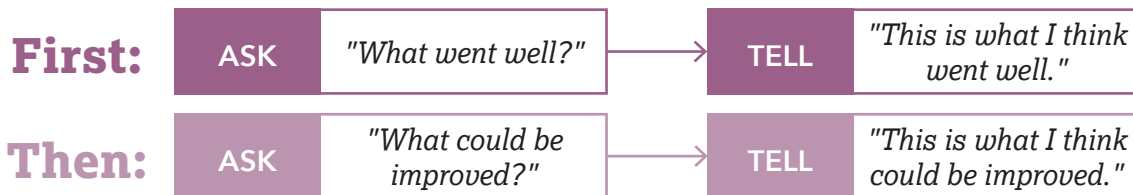


Ask-Tell-Ask Feedback Model

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The Ask-Tell-Ask Feedback method fosters students' abilities to identify their own strengths and areas for improvement as well as provides preceptors with the opportunity to share positive and constructive feedback to students. The strengths of this model include that it is learner-centered, fosters students' self-assessment skills, increases students' accountability for learning, gives the preceptors insight into students' perceptions of performance, encourages preceptors to provide specific feedback, and can be used across a variety of settings.



Example 1

Setting: Outpatient

Task Area: Patient Assessment (History-Taking, Physical Exam)

Preceptor: What parts of your assessment of the patient went well?

Student: My problem-focused history-taking seemed complete and only took about five minutes to do.

Preceptor: I agree, your history-taking was thorough and efficient. You also clarified important information that the patient shared during the pertinent review of systems.

Preceptor: What do you think could be improved?

Student: My approach to the physical exam felt disjointed and took longer than I thought necessary.

Preceptor: Yes, while you included essential elements of the physical exam, it was not systematic and the patient had to be repositioned several times. A strategic way to avoid this in the future is to develop a plan for the physical exam before you initiate the exam.

Example 2

Setting: Inpatient

Task Area: Medical Knowledge, Clinical Reasoning

Preceptor: What elements of the diagnosis and treatment planning went well?

Student: I am confident in the most likely diagnosis, and the first-line therapy was appropriate for this patient.

Preceptor: Yes, I believe you came to the correct conclusion about the diagnosis. In addition to knowing which medication is first-line therapy, remember to specify dose/route/frequency and any patient education that is indicated.

Preceptor: What do you think could be improved?

Student: Well, I only had three disorders on my differential diagnosis.

Preceptor: I agree that it is important to have a broader differential diagnosis. I encourage you to read more about the most likely diagnosis and related conditions tonight, then tomorrow we can discuss the clinical reasoning about the diagnosis.