



2020 – 2021

Preceptor Orientation Handbook:

Tips, Tools, and Guidance for Physician Assistant Preceptors

Midwestern University

Physician Assistant Program

19555 N. 59th Ave

Glendale, AZ 85308

P: 623-572-3657

F: 623-572-3227

E-mail: azpaclinical@midwestern.edu

Acknowledgements

This handbook was developed by the Clinical Education Committee of the Physician Assistant Education Association. *(It has been edited and is updated annually by the Midwestern University Physician Assistant Program Clinical Year Faculty.)*

Patrick Enking	Jerry Glavaz
Rosana Gonzales-Colaso	Carol Gorney
Amanda Moloney-Johns	Thomas Parish
Jack Percelay	Jacqueline Sivahop
Michel Statler	

Special acknowledgment to the Preceptor Handbook subcommittee members:

Amanda Moloney-Johns (Chair)	Rosana Gonzales-Colaso
Carol Gorney	Jacqueline Sivahop

Special acknowledgment to the editors:

Jeanette Smith	Michel Statler
----------------	----------------

Midwestern University Physician Assistant Program

Clinical Year Faculty:

Carla Shamblen, MSPAS, PA-C, DFAAPA

Kimberly Carter, MPAS, PA-C

Gretchen Post, MSPAS, PA-C



MIDWESTERN UNIVERSITY PA PROGRAM CONTACT LIST

PROGRAM FACULTY

Kirsten Bonnin, DMSc, MMS, PA-C
Program Director
Associate Professor
623-572-3628
kbonni@midwestern.edu

Carla Shamblen, MSPAS, PA-C, DFAAPA
Director, Clinical Education
Associate Professor
623-572-3677
cshamb@midwestern.edu

Amber Herrick, MS, PA-C
Director, Didactic Education
Associate Professor
623-572-3947
aherri@midwestern.edu

Jennifer Wild, DO
Medical Director
Assistant Professor
623-572-3312
jwild@midwestern.edu

Gretchen Post, MSPAS, PA-C
Clinical Coordinator
Assistant Professor
623-572-3763
gpost@midwestern.edu

Kimberly Carter, MPAS, PA-C
Clinical Coordinator
Assistant Professor
623-572-3840
kcarte@midwestern.edu

Sarah Bolander, DMSc, MMS, PA-C, DFAAPA
Associate Professor
623-572-3611
sbolan@midwestern.edu

Eve Hoover, DMSc, MSPAS, PA-C, DFAAPA
Assistant Professor
623-572-3741
ehoove@midwestern.edu

Jim Stoehr, PhD
Associate Director, Master's Education
Professor
623-572-3624
jstoeh@midwestern.edu

Robyn Sears, DMSc, MS, PA-C
Associate Professor
623-572-3639
rsears@midwestern.edu

Deborah Black, MS, PA-C
Assistant Professor
623-572-3764
dblack@midwestern.edu

PROGRAM STAFF

Cheryl Walloch, B.A.
Clinical Scheduling
Clinical Education Coordinator
623-572-3656
cwallo@midwestern.edu

Carol Valiente
Hospital Credentialing
Clinical Education Coordinator
623-572-3643
cvalie@midwestern.edu

Sylvia Burns
Affiliation Agreements & Housing
Clinical Education Coordinator
623-572-3645
sburns1@midwestern.edu

Deborah Hoban (*Clinical Admin Asst.*)
Senior Administrative Assistant
623-572-3680
dhoban@midwestern.edu

Gillian Mains
Administrative Coordinator
623-572-3657
gmains@midwestern.edu

Linda Rogers
Clinical Education Coordinator
623-572-3659
lroger@midwestern.edu

IMPORTANT CLINICAL YEAR NUMBERS/EMAILS

General Clinical Year email:
azpaclinical@midwestern.edu

For Clinical Year Questions:
623-572-3311

PA Program Fax:
623-572-3227

Physician Assistant Competencies

“The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice.

Patient-centered, physician assistant practice reflects several overarching themes. These include an unwavering commitment to patient safety, cultural competence, quality health care, lifelong learning, and professional growth. Furthermore, the profession’s dedication to the physician-physician assistant team benefits patients and the larger community.” (AAPA, ARC-PA, PAEA, and NCCPA; 2012)

Mission Statement:

The Midwestern University Physician Assistant Program – Glendale is committed to educate and mentor students in a setting that cultivates excellence and prepares compassionate, competent physician assistants to serve in a changing health care environment.

Introduction

We would like to take this opportunity to express sincere gratitude to our preceptors for their hard work and dedication to this program and our physician assistant (PA) students. The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful learning experience in the program. The clinical setting synthesizes concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to PA education.

The second year of the Midwestern University Physician Assistant Program consists of an intense period of training in a variety of clinical settings that may include ambulatory care, hospitals, public clinics, government facilities, and private practice settings.

Clinical Year Rotations

Internal Medicine	Women’s Health	Pediatrics	Surgery	Family Medicine
Emergency Medicine		Psychiatry/Behavioral Health		Electives

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 knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and patient documentation skills
- Develop an understanding of the PA role in health care delivery
- Prepare for the Physician Assistant National Certifying Exam
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

Cognitive Objectives

During the clinical year, the Physician Assistant student is expected to attain an adequate level of knowledge in all areas of medicine for which the student is clinically rotating. Adequate knowledge is defined as knowledge which, when combined with adequate skills, will allow the individual to do the following:

1. Successfully manage the majority of conditions one would expect to encounter in clinical practice.
2. Appreciate the limits of their capabilities and promptly recognize those cases where the skills and talents of a physician are needed.
3. Recognize the diversity of the patients they are treating and develop an understanding of the impact of race, ethnic and socioeconomic health disparities as they relate to health care delivery.
4. Discuss the etiology and pathophysiology, signs/symptoms including physical examination findings, appropriate laboratory and /or diagnostic evaluation, medical management, complications, and patient education involved with the most common medical disorders.

Standards of Professional Conduct

As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. The clinical year PA student should be able to complete the following objectives:

1. Demonstrate appropriate professional interaction with patients
2. Demonstrate appropriate professional interaction with healthcare professionals

3. Dress in a professional manner, appropriate to the rotation
4. Demonstrate a positive attitude, showing enjoyment in work
5. Accept feedback and advice as learning opportunities
6. Take initiative and be a self-directed learner
7. Cooperate with all staff
8. Keep all office and patient information confidential
9. Arrive on time for rotation and any assigned educational opportunities
10. Handle stress and complexities of clinical situations well
11. Complete assignments and chart work.
12. Exhibit self-confidence, knowing limitations.

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 and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform and/or interpret common lab results and diagnostics
- Educate and counsel patients across the lifespan regarding health-related issues
- Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year
- Complete assignments and chart work
- Exhibit self-confidence, knowing limitations

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the physician assistant program. *If preceptors observe any concerns about a student's professionalism, please contact the PA Program Immediately.* [P: 623-572-3657 Email: azpaclinical@midwestern.edu]

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 as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator.

Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution’s EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s edification, which should be reviewed by preceptors whenever possible for feedback.

Prescription Writing

Preceptors must review and sign all prescriptions. More specifically, the student’s name is not to appear on the prescription and do not provide the student with pre-signed prescription forms. For clinical rotation sites that use electronic prescriptions, the preceptor **MUST** log into the system under his/her password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

Expected Progression of PA student

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

Student Evaluation

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important. On required rotations (i.e., core rotations required by the specific institution for all students before graduation), a passing evaluation from the preceptor is mandatory. If deemed “not passing,” the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for clinical rotations and the decision to pass or fail a student is ultimately made by the program faculty. The program

will designate how often evaluations need to be completed.

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

- **Mid-Rotation Preceptor evaluation of the student:** Provides the student, preceptor and Program with formative (e.g., in progress) evaluation data. The student and preceptor may identify areas of strength and/or weakness that can be improved upon, and the Program has the opportunity to offer remediation before the end of the six-week rotation. **Mid-Rotation Evaluation forms are required for all rotations and are due no later than Tuesday at 4:00 pm of week #4 of the rotation. It is the student's responsibility to submit these forms.**
- **End Rotation Preceptor evaluation of the student:** Provides the preceptor and the student the opportunity to assess clinical progress, professionalism and achievement of stated objectives over the six-week rotation period. **The form is due no later than 4:00 pm the Tuesday following completion of the rotation. It is the student's responsibility to submit these forms.**
- **Surgical Competency Checklist:** This evaluation form is specific to surgery rotations and rotations involving surgical care. This evaluation provides the preceptor with the opportunities to provide feedback to the student regarding their performance with procedures and within the operating room.

**Examples of our Mid-Rotation and End Rotation evaluations are located in the back of this handbook for your reference.*

Feedback to Students

While students may have only two formal evaluations during the clinical rotation, they must receive regular positive and constructive feedback daily from their preceptors to help improve their clinical performance. Please contact the clinical coordinator for specific policies regarding student evaluation.

Definition of the Preceptor Role

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student and, through guidance and teaching, will help students to perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and

reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities

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

- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the clinical coordinator by submitting mid-rotation and end-of-rotation evaluations
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and ensure proper patient care
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Direct evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote further learning
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process
- Audit and co-sign charts to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
- Promptly complete the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation
- Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
- Maintain an ethical approach to the care of patients by serving as a role model for the student
- Demonstrate cultural competency through interactions with patients
- Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship
- Provide timely feedback to the student and the program regarding student performance

The Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. **Contact through web-based social networking sites (e.g., Facebook, LinkedIn) should be avoided until the student completes the rotation where the supervision is occurring.**

We aim to remind all preceptors of cultural diversity and the effects of implicit and explicit bias on the clinical teaching environment. Attitudes, perceptions, and stereotypes of race, ethnicity, religion, gender, sexual orientation, disability, etc. permeate human behavior. Healthcare providers' implicit (unconscious) and explicit (conscious) biases can influence patient care management and students' clinical training.

The Physician Assistant (PA) program at Midwestern University promotes and trains its students in supporting diversity and healthcare equality. Students receive training on social determinants of health, cultural competency, and ethical practice. An essential skill for our graduates is to have an awareness of unconscious biases.

All healthcare providers must be sensitive and knowledgeable of cultural diversity. As clinical preceptors, we hope that you will model exemplary ethical and moral behavior in your clinical practice and precept students free of bias. Efforts to remove bias include raising awareness of one's own biases, affirming differences, yielding sensitivity, and demonstrating cultural humility.¹ We encourage you to take the opportunity to provide teachable moments and support a learning environment of inclusion and respect.

1. Rust G, Kondwani K, Martinez R, et al. A crash-course in cultural competence. *Ethn Dis.* 2006;16(2 Suppl 3):S3-36.

Supervision of the PA Student

Preceptors must hold a current state license in the state for which they are providing care. A preceptor can be a physician (MD, DO), Physician Assistant, Nurse Practitioner, Nurse Midwife, Licensed Psychologist (Psychiatry rotation), counselor or social worker (Psychiatry rotation).

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to *assign* students to another MD, DO, PA or NP who will serve as the student's preceptor for any given time interval.

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

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy per the PA student's demonstrated level of expertise. **However, every patient must be seen by the preceptor 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. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Orientation and Communicating Student Expectations

The orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or when possible, before the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional *site-specific* HIPAA training, if needed.

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

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules

- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

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

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

Preparing Staff

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

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

- Student’s name
- Student’s schedule (when they will be in the office)
- Student’s expected role in patient care

- The expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- How patients will be scheduled for the student

Informed Patient Consent Regarding Student Involvement in Patient Care

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

Medicare Policy

On November 1, 2019, the Centers for Medicare and Medicaid Services (CMS) issued a new rule amending the agency's previous restrictions on the use of student medical record documentation for billing purposes. Effective January 1, 2020, all preceptors of PA students, including PAs, physicians, and nurse practitioners will be allowed to verify, rather than reperform, the documentation provided by students.

Liability Insurance

Each PA student is fully covered for malpractice insurance by the PA program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a "student" role in the clinic and should not assume responsibilities of an employee until after graduation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment before graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university's liability coverage does not cover the student in these circumstances.

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

Specific Program Policies

Maximum Clinical Rotation Hour Recommendations: It is recommended that students not exceed 16 consecutive hours of *direct patient care* duties.

It is recommended that students be limited to a maximum of 24 hours of continuous (includes on-call) clinical duties. Students who complete 24 hours of continuous clinical duties should be given at least 10 hours before resuming clinical responsibilities. Students are encouraged to sleep/nap if possible during “downtime” when on-call. If a student has at least 8 consecutive hours of free time during a 24-hour on-call period, the student may return for additional direct patient care duties after the on-call period. On-call frequency should not exceed every third night for the duration of the clinical rotation.

Please contact the Midwestern University Physician Assistant Program for program-specific policies on the following:

- Workers’ Compensation
- Drugs and alcohol
- Timeliness and lateness
- Needlestick procedure
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check
- Drug testing
- Sexual harassment and assault resources

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination: <http://www2.ed.gov/about/offices/list/ocr/know.html>

The Preceptor–Program Relationship

The success of the clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the clinical coordinator. All members of the team should share contact information. If a preceptor has a question or concern about a student, they should contact the Clinical Coordinators. [Phone: 623-572-3657, Email address: azpaclinical@midwestern.edu] ***Also, if there are concerns regarding student absence (illness or otherwise), please contact the program immediately. Students are required to notify the program of any absences from rotations.***

The program strives to maintain open faculty–colleague relationships with its preceptors and believes that should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. Also, open communication and early problem solving may help to avoid a diminution in the educational experience.

The program is required by our accrediting body to obtain information from preceptors used for supervised clinical practice experiences about our students' preparedness for their required rotations. We ask that you assist us in the accreditation process by participating in an annual survey. A web link to the survey will be emailed to you during the clinical year. The results of this survey will inform our program of the effectiveness of our clinical faculty and staff, as well as directly influence current and future Midwestern University PA Program curricula. The collected data will only be released in aggregate form, and with complete confidentiality.

Site Visits

Midwestern University Physician Assistant Program – Glendale conducts routine visits to monitor rotation sites and evaluate students during the clinical phase of their training. Site visits serve as an opportunity to connect with our students and preceptors and discuss the learning experience. We value student and preceptor feedback and utilize this information to better prepare our students and offer guidance as necessary to our preceptors. Our goal is to foster a great preceptorship that promotes success and professional growth. Please do not hesitate to contact the Clinical Coordinators with any questions, comments or concerns.

Preceptor Feedback

We truly value the time and effort that preceptors place in teaching our PA students. We understand that preceptors, like our students, appreciate and learn from feedback. Attached is an example of the student's evaluation of the clinical site and preceptor. Please feel free to contact the Clinical Coordinators at any time for additional student evaluation comments.

The Midwestern University Physician Assistant Program is very appreciative of your time and willingness to train our students. Thank you!

Preceptor Evaluation of the Student: Mid Rotation Evaluation Midwestern University Physician Assistant Program - Glendale

Student: _____

Preceptor: _____

Rotation#: ____/9 Type: _____

Start and End Dates: ____/____/____ to ____/____/____

Instruction: Grade the student using the following scale according to their clinical experience thus far. (Only mark one category per item). Please refer to the attached description of evaluation categories. We encourage you to discuss this evaluation with the student for the purpose of feedback and goal directed improvement.

Critically Deficient: *Unsatisfactory skill; requires remediation. Rarely, if ever meets standard of care.*

Deficient: *Below average performance, many deficiencies are noted. Inconsistently meets standard of care.*

Satisfactory: *Average performance; frequently meets standard of care. Developing skills: needs continued practice and oversight*

Competent: *Possesses the necessary ability, knowledge or skill with limited need for oversight. Nearly always meets standard of care.*

Proficient: *Above average or outstanding. Performs beyond what is expected for level of training. Top 15% of peers with similar level of training.*

Clinical Skills	Critically Deficient	Deficient	Satisfactory	Competent	Proficient	N/A	Please provide supporting comments
Factual Medical Knowledge							
History Taking							
Physical Examination							
Laboratory & Diagnostic Studies							
Assessments / Differential Diagnosis							
Patient Management							
Patient Documentation							
Oral Presentations							
Technical / Procedural Skills							
Clinical Judgment							
Professionalism	Unacceptable	Poor	Satisfactory	Very Good	Excellent	N/A	Comments
Patient Education & Counseling							
Professional Conduct & Demeanor							
Interprofessionalism							
Dependability and Responsibility							
Educational Attitude							
Responsiveness to Feedback							

Reviewed with the student? yes no

Do you have any reservations about the student passing this rotation? yes no

Student Signature: _____ **Date:** _____

Evaluator's Signature (required): _____ **Date:** _____

Comments: _____

**Preceptor Evaluation of the Student: End Rotation Evaluation
Midwestern University Physician Assistant Program - Glendale**

Student: _____

Preceptor/Site: _____

Rotation#: _____/9 Type: _____

Start and End Dates: ____/____/____ to ____/____/____

Instruction: Grade the student using the following scale according to their clinical experience thus far. (Only mark one category per item). Please refer to the attached description of evaluation categories. We encourage you to discuss this evaluation with the student for the purpose of feedback and goal directed improvement.

Critically Deficient: *Unsatisfactory skill; requires remediation. Rarely, if ever meets standard of care.*

Deficient: *Below average performance, many deficiencies are noted. Inconsistently meets standard of care.*

Satisfactory: *Average performance; frequently meets standard of care. Developing skills: needs continued practice and oversight.*

Competent: *Possesses the necessary ability, knowledge of skill with limited need for oversight. Nearly always meets standard of care.*

Proficient: *Above average or outstanding. Performs beyond what is expected for level of training. Top 15% of peers with similar level of training.*

Clinical Skills	Critically Deficient	Deficient	Satisfactory	Competent	Proficient	N/A	Please provide supporting comments
Factual Medical Knowledge							
History Taking							
Physical Examination							
Laboratory & Diagnostic Studies							
Assessments / Differential Diagnosis							
Patient Management							
Patient Documentation							
Oral Presentations							
Technical / Procedural Skills							
Clinical Judgment							
Professionalism	Unacceptable	Poor	Satisfactory	Very Good	Excellent	N/A	Comments
Patient Education & Counseling							
Professional Conduct and Demeanor							
Interprofessionalism							
Dependability and Responsibility							
Educational Attitude							
Responsiveness to Feedback							

Reviewed with the student? ___yes ___no

Do you have any reservations about the student passing this rotation? ___yes ___no

Student Signature: _____ **Date:** _____

Evaluator's Signature (required): _____ **Date:** _____

Comments: _____

Description of Evaluation Categories

<p>Factual Medical Knowledge</p> <ul style="list-style-type: none"> Recalls medical knowledge and is able to integrate into clinical scenarios Includes knowledge of pathophysiology, medications, typical / atypical presentations of medical conditions 	<p>Technical and / or Procedural Skills</p> <ul style="list-style-type: none"> Recommends appropriate procedures based on clinical problem and understands rationale, indications, contraindications and risks/benefits Maintains patient safety, patient comfort and overall competence in performing procedures
<p>History Taking</p> <ul style="list-style-type: none"> Problem focused or comprehensive history Elicits important data Consistently organized, logical and complete 	<p>Clinical Judgment</p> <ul style="list-style-type: none"> Recognizes limitations of knowledge / skills Asks for assistance when appropriate
<p>Physical Examination</p> <ul style="list-style-type: none"> Competently performs an appropriate and thorough physical exam Recognizes normal and abnormal findings 	<p>Patient Education and Counseling</p> <ul style="list-style-type: none"> Discusses preventive care as appropriate for case Communicates clinical information effectively and intelligently Educates patients / families at an appropriate level as relevant to clinical scenario
<p>Laboratory and Diagnostic Studies</p> <ul style="list-style-type: none"> Recommends and interprets ancillary testing as appropriate Able to appropriately apply result for case 	<p>Professional Conduct / Demeanor</p> <ul style="list-style-type: none"> Exhibits maturity Displays appropriate social attitudes, caring personality traits Good bedside manner Maintains composure in times of stress Conveys courtesy, respect, empathy and compassion
<p>Assessments / Differential Diagnosis</p> <ul style="list-style-type: none"> Interprets data and formulates an appropriate/ reasonable differential diagnosis Derives assessments through appropriate processes Accurately prioritizes problems 	<p>Interprofessionalism</p> <ul style="list-style-type: none"> Works collaboratively with team members Maintains courteous and cooperative attitude Understands role of PA student
<p>Patient Management</p> <ul style="list-style-type: none"> Independently formulates and initiates management / treatment plans that are logical and realistic Appropriately suggests pharmacologic and non-pharmacologic interventions 	<p>Dependability and Responsibility</p> <ul style="list-style-type: none"> Prepared for rotation and patient care Punctual, and attends rotation as scheduled Maintains personal accountability, honor and integrity
<p>Patient Documentation</p> <ul style="list-style-type: none"> Completes medical documentation in timely fashion Performs medical documentation with accuracy, relevancy of content, organization, legibility and appropriate breadth and depth 	<p>Educational Attitude</p> <ul style="list-style-type: none"> Actively engaged in learning Self reflects on clinical activities Asks insightful questions and initiates educational opportunities
<p>Oral Presentation Skills</p> <ul style="list-style-type: none"> Presents clinical cases in a timely, organized and relevant manner with appropriate breadth and depth for clinical scenario 	<p>Responsiveness to Feedback</p> <ul style="list-style-type: none"> Actively seeks feedback Respectfully accepts direction and constructive feedback

Competency Measures- Surgery
Midwestern University Physician Assistant Program - Glendale
The student must turn in this form on the last day of the clinical rotation.

Student: _____

Site / Clinic: _____

Rotation#: _____

Start and End Dates: ___/___/___ to ___/___/___

When conducting this evaluation please use the following scale and consider this student in the context of their peers with a similar level of training.

Assistant at Surgery	N/A	Satisfactory	Unsatisfactory	Comments
Maintains Sterile Technique				
Demonstrates appropriate patient positioning/draping				
Provides effective intraoperative retraction & exposure				
Demonstrates acceptable wound closure material, and dressing application				
Demonstrates appropriate technique for wound debridement, incision and drainage				
Medical Management	N/A	Satisfactory	Unsatisfactory	Comments
Antibiotics ordered appropriately (SCIP protocol)				
DVT Prophylaxis ordered appropriately				
Pain management appropriate				
Demonstrates accurate interpretation of findings				
Provides complete documentation				
Diagnostic / Therapeutic Procedures Student demonstrates appropriate technique: *These experiences are encouraged but not required	N/A	Satisfactory	Unsatisfactory	Comments
Arterial Line Placement / Puncture				
Swan-Ganz placement / replacement				
CVP Line placement				
Chest tube placement / removal				
Thoracentesis				
Wound Care (including suturing, debridement, incision and drainage)				
Intubation				

Evaluator's name and credentials: _____ Date: _____

EXAMPLE: Student Evaluation of the Preceptor / Rotation Site

Individual Responses Detail - "Rotation 10 (Class of 2016)"

TOTAL RESPONSES: 1

Evaluation by: Students (Uria, Polly)

Evaluation of: Preceptors (Ganong-Levine, Lown PA-C)

Evaluation Period: 10/6/2016

Survey Completed: 10/6/2016 3:45:12 PM PT

Reviewed by Carter, Kimberly: 10/7/2016 9:14:15 AM PT

1.

Please list the TYPE of rotation for which you are completing this evaluation (eg. Family Medicine, Emergency Medicine, Surgery, etc.)

- Elective
-

2.

Practice Name

Primary Preceptor Name

- Wolff-Parkinson-White Cardiology
 - Dr. Wolff
-

3.

Please list any preceptors, aside from your primary preceptor, with whom you trained during this rotation and evaluate their overall performance (E= excellent; AA=Above Average; A=Average; BA=Below Average).

- Dr. Takotsubo, E, Dr. Levine, AA
-

4.

Did you have the opportunity to review the rotation objectives with your preceptor during this rotation?

- Yes
-

5.

Were the objectives for this rotation achievable?

If "no", please specify site characteristics which resulted in the inability of rotation objectives to be met (eg. low patient volume, patient population, site location, limited variety of patient cases, etc.).

- Yes
-

6.

I was provided orientation and/or my clinical duties at the site were clearly explained to me.

- Strongly Agree [5 pts]

MEAN: 5.00 (out of possible 5), POINTS: 5, % SCORE: 100.0%

7.

Please answer the following items. Provide additional comments for questions answered "disagree" or "strongly disagree".

- The clinical environment at this SITE was conducive to learning. - Agree [4 pts]
- The SITE provided appropriate security and personal safety measures for students. - Agree [4 pts]
- The facilities were clean and conducive to appropriate medical care. - Agree [4 pts]

MEAN: 4.00 (out of possible 5), POINTS: 12, % SCORE: 80.0%

8.

Please answer the following items. Provide additional comments for questions answered "disagree" or "strongly disagree".

- The preceptor gave ongoing feedback. - Neutral [3 pts]
- My medical documentation and physical examination skills were reviewed by the preceptor. - Agree [4 pts]
- The preceptor was interested in teaching. - Agree [4 pts]
- The preceptor promoted self-directed learning by encouraging me to seek out answers on my own. - Agree [4 pts]

- The preceptor took time to answer my questions, or direct me to appropriate resources. - Agree [4 pts]
- The preceptor was knowledgeable of the role of the PA as a healthcare provider. - Agree [4 pts]
- Overall, I would highly rate this preceptor. - Strongly Agree [5 pts]

MEAN: 4.0 (out of possible 5), POINTS: 28, % SCORE: 80.0%

9.

Please select the primary method of teaching used by this preceptor:

- Both observation and participation
-

10.

Please select the types of activities that you performed under the guidance of your preceptor during this rotation (select all that apply).

- Oral case presentation
 - Physical examination
 - Lab and/or diagnostic test ordering
 - Interpretation of labs/diagnostic tests
 - Radiographic interpretation
 - History taking
 - Documentation
 - Patient counseling/education
 - Treatment planning
-

11.

Please answer the following items. Provide additional comments for questions answered "disagree" or "strongly disagree".

- There was opportunity for hands-on participation. - Agree [5 pts]
- I felt meaningfully engaged on this rotation. - Agree [4 pts]
- The preceptor was interested in teaching. - Agree [4 pts]
- Overall, I would highly rate this rotation experience. - Strongly Agree [5 pts]

MEAN: 4.5 (out of possible 5), POINTS: 18, % SCORE: 90.0%

12.

Please indicate any interprofessional experiences you may have had during this rotation (eg. Did you consult or shadow a physical therapist or a pharmacist? Did you work with other graduate health students? etc.).

- Pharmacist – 0
 - Physical Therapist – 0
 - Occupational Therapist – 0
 - Audiologist – 0
 - Speech Pathologist – 0
 - Behavioral Health Specialist – 0
 - Social Worker – 0
 - Medical Student or Medical Resident - 2
 - PA student from another program - 1
 - NP student - 0
 - Other - 0
-

13.

Please describe the primary method of documentation used at this site.

- Electronic Medical Record (EMR)
-

14.

Do you feel that your didactic coursework adequately prepared you for this rotation? If “no”, please comment.

- Yes
-

15.

Please select the AVERAGE number of hours you worked at this rotation each week. Include hours on site, on call, and in the OR as applicable.

- 40-45 [5 pts]

MEAN: 5.00 (out of possible 9), POINTS: 5, % SCORE: 55.6%

16.

Please provide us with additional information regarding your time on rotation and patient experiences.

- Average numbers of hours per day - 9

- Average number of shifts / days on rotation per week - 5
 - Average number of patients seen per day - 12
-

17.

Please list the strengths of this rotation site and preceptor.

- PA Ganong-Levine has a passion for his career. His work every day was inspiring and it was a great learning environment. He challenged my knowledge every day and helped me grow as a health care provider. He strengthened my knowledge in cardiology, specifically in the areas of EKG interpretation and managing cardiovascular disease. This was a great rotation!
-

18.

Please list any areas for improvement at this rotation site or with this preceptor.

- It would have been nice to receive more regular feedback about things I was doing well in addition to things I could improve upon.
-

19.

Are there any issues at this site that might require further action by the Clinical Coordinator? If “yes”, please describe.

- No
-

20.

Please provide us with comments regarding your rotation experience that can be shared directly with your preceptor. Any comments provided will remain anonymous.

- This was a great learning experience. Thank you for being a great teacher and preceptor. I highly recommend this rotation for other students.
-

Total points for all rating scale questions: 63
Mean percentage score for all rating scale questions: 84%
(Each main question equally weighted)
NOTE: Question #15 is not included in this score by default
