

# CARROLL UNIVERSITY



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## PHYSICIAN ASSISTANT PROGRAM

# Clinical Preceptor Manual

Welcome Preceptors and Thank You!

*The faculty, staff and students at Carroll University's Master of Science in Physician Assistant Studies Program extends heartfelt thanks and appreciation to you for the tremendous contribution you are making to the education of future Physician Assistants. We appreciate your investment and dedication to the teaching and mentoring of our Physician Assistant Students. Your time and efforts directly correlate to the successful completion of our students' training. It is during the clinical year that students transition from classroom learning to real world practice. Your expertise will help them synthesize the concepts and application of principles of quality health care delivery. It's our sincere hope that you find this opportunity to impart your knowledge to our students a rewarding and exciting challenge.*

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#### Introduction

The Carroll University Physician Assistant Program is working with health care professionals and administrators to train physician assistant students to become culturally competent health care providers. The generous contribution of time and effort on the part of a wide variety of clinical preceptors will be the vital key to the success of Carroll University's Physician Assistant Program. The information in this manual is intended to provide an overview of the Carroll University PA Program as well as specific guidelines and evaluation tools for our clinical preceptors.

#### Program Mission Statement

The **Mission of the Master of Science in Physician Assistant Studies Program** is to educate Physician Assistants to provide comprehensive quality health care to all, to be

respectful of patient values, to be committed to ethical principles and to be grounded in evidence-based practice and clinical reasoning. Graduates will contribute to the profession and their communities and be prepared to practice medicine in a variety of primary care settings in collaboration with physicians and other healthcare professionals. Graduates will also be prepared to provide service to medically underserved communities and diverse patient populations. To achieve its mission, the Master of Science in Physician Assistant program has the following three goals:

To develop highly-skilled primary care physician assistants who are prepared using an interdisciplinary approach and who:

1. Demonstrate the medical knowledge to provide optimal patient care
2. Regularly assess, evaluate, and improve their patient care practices
3. Demonstrate interpersonal and communication skills that result in effective information exchange with culturally diverse patients and families, professional associates, and a diverse health care system

### **The Program- Master of Science in Physician Assistant Studies**

The Physician Assistant Program is a cohort model, 24 months in length, requiring 116 credit hours to complete. The first year of curriculum, consists of 66 credit hours of didactic courses and integrated service-learning opportunities designed to lead the student to deliver health care in a culturally competent manner. The second year is 12 months of clinical rotations, totaling 50 credits, plus the completion of a Capstone Project, Observed Structured Clinical Exam (OSCE) and Summative Exam.

The program has partnered with the Waukesha Free Clinic in Waukesha. It serves the homeless and uninsured. Our students are required to work with the clinical faculty providing care during their Family Medicine and Internal Medicine rotations if they are local.

The Carroll University Master of Science in Physician Assistant Studies Program has Continuing Accreditation from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Program and approval from HLC/NCA to award the Master of Science in Physician Assistant Studies.

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

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

- Apply didactic medical knowledge and skills to supervised clinical practice
- Advance clinical reasoning and problem-solving skills
- Expand and strengthen the medical fund of knowledge
- Perfect the art of history-taking and physical examination skills
- Refine oral presentation and written documentation skills
- Broaden understanding of the PA role in health systems and healthcare delivery

- Apply principles of diversity and inclusion to patient-centered care
- Develop interpersonal skills and professionalism necessary to function as part of a medical team
- Experience a wide variety of patient demographics, types of patient encounters, and clinical settings representative of the breadth and depth of PA scope of practice
- Prepare for the Physician Assistant National Certifying Exam

### **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; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.” (NCCPA)

#### ***Medical Knowledge***

Medical knowledge includes an understanding of pathophysiology, patient presentation, and differential diagnosis, patient management, surgical principles, health promotion and disease prevention. Physician Assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, Physician Assistants are expected to demonstrate an investigatory and analytical thinking approach to clinical situations. Physician Assistants are expected to:

- Describe etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Identify signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or lab studies
- Manage general medical and surgical conditions to include: understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities
- Identify the appropriate site of care for common presenting conditions, including identifying emergent cases and those requiring referral or admission
- Identify appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data
- Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis; and
- Provide appropriate care to patients with chronic conditions.

### ***Patient Care***

Patient care includes age-appropriate assessment, evaluation, and management. Physician Assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Physician Assistants are expected to:

- Work effectively with physicians and other health care professionals to provide patient-centered care
- Demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Demonstrate the ability to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out appropriate patient management plans
- Demonstrate the ability to counsel and educate patients and their families
- Competently perform medical and surgical procedures considered essential in the area of PA practice
- Demonstrate the ability to provide health care services and education aimed at preventing health problems or maintaining health

### ***Interpersonal Skills and Communication***

Interpersonal and communication skills encompass verbal, nonverbal and written exchange of information.

Physician Assistants must demonstrate interpersonal and communications skills in effective information exchange with patients, their patients' families, physicians, professional associates and health care system. Physician assistant graduates are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Demonstrate the use of effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- Appropriately adapt communication style and messages to the context of the individual patient interaction
- Work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- Demonstrate an understanding of human behavior
- Demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes

### ***Practice-based Learning and Improvements***

Practice-based learning and improvement includes the processes through

which clinicians engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. Physician Assistants must be able to assess, evaluate and improve their patient care practices. Physician Assistants are expected to:

- Demonstrate the ability to analyze the practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- Demonstrate the ability to locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- Obtain and apply information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Apply information technology to manage information, access on-line medical information, and support their own education
- Facilitate the learning of other students and/or other health care professionals and
- Demonstrate the ability to recognize and appropriately address gender, cultural, cognitive differences
- Recognize emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others

### ***Systems-based Practice***

Systems-based practice encompasses the societal, organizational and economic environments in which health care is delivered. Physician Assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PA's should work to improve the larger health care system of which their practices are a part of. Physician Assistants are expected to:

- Use information technology to support patient care decisions and patient education
- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes

- Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- Apply medical information and clinical data systems to provide more effective, efficient patient care
- Use the systems responsible for the appropriate payment of services

### ***Professionalism***

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician Assistants must know their professional and personal limitations. Professionalism also requires that PA's practice without impairment from substance abuse, cognitive deficiency, or mental illness. Physician Assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements. Physician Assistants are expected to:

- An understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- Professional relationships with physician supervisors and other health care providers
- Respect, compassion, and integrity
- Responsiveness to the needs of patients and society
- Accountability to patients, society, and the profession
- A commitment to excellence and on-going professional development
- A commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients' culture, age, gender, and disabilities; and
- Self-reflection, critical curiosity, and initiative

### **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 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 Teaching Guidelines**

Clinical assignments can be both challenging and rewarding. The guidelines that follow are valuable suggestions in helping to ensure a successful experience for both the preceptor and PA student.

- It is important to remember that students must function within the academic policies established by Carroll University for the duration of the program.
- Expect the PA students to perform similar to a third- or fourth-year medical student. If the student shows any serious deficiency or is in danger of not achieving the learning objectives or failing the preceptorship, please notify the Director of Clinical Education.
- Contact the Director of Clinical Education if any clarification of matters relating to the preceptorship is needed.
- Notify the hospital, nursing home, or surgery center that you will be a preceptor. Inquire about the policies and regulations governing PA students in the locations you practice.
- Provide the needed supervision by ensuring that only medical tasks delegated by you are preformed and that the quality of services rendered by the student are regularly evaluated. Involve the student in all aspects of the practice so that the student will receive a comprehensive clinical learning experience.
- Each student's learning pace is individual: however, the PA program requires that each student assume a very active role in his/her education. The student is expected to show initiative in asking questions, read assignments after following patients and giving feedback

### **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. The student must be made aware of all safety procedures, protocols, and OSHA guidelines specific to the clinical site. Orientation should also include parking information and housing if applicable.
- 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 two-week and end-of-rotation evaluations.
- Supervise, demonstrate, teach, and observe clinical activities in order 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 such as directly supervising the student take a patient's history and performing a physical exam.
  - Direct evaluation of presentations (including both oral and written).
  - Assignment of outside readings and research to promote further learning.
- Audit and co-sign charts in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
- Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience.
- Promptly notify the PA program (the Director of Clinical Education or the Program Director) if the student demonstrates any significant deficiencies in knowledge or skills expected at their level of training.



- 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.

## Preceptor Evaluation of Students

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses so as to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important.

- All evaluations are easily completed online through Exxat, our student management system. **You will receive an email with a link to the evaluations. The Preceptor Evaluation of Student/2-week Observation form is to be completed by the preceptor for each rotation. See Appendix A**
- **The Preceptor Evaluation of Student and a Rotation Specific Evaluation are emailed to each preceptor one week prior to the last day of the clinical rotation through Exxat.** They should be submitted no later than one week after the end of the rotation. A grade for that rotation will not be assigned until all required forms are submitted and may result in an "Incomplete" for the rotation. **See Appendix B**
- The preceptor's evaluation is based on demonstration of the student's medical knowledge and skill in the performance of developing a diagnosis and treatment plan, history- taking, physical examination, and procedures as designated and permitted by preceptors.
- The preceptor is encouraged to have an exit interview with the student. This evaluation process should allow for more direct feedback between the preceptor and student regarding the student's performance. The student should also provide feedback to the preceptor concerning the rotation.
- Preceptor evaluation forms become a part of the student's permanent record and are calculated into the grade received for a particular rotation. Please see Appendix B for sample evaluation.
- A preceptor's evaluation is 40% of a student's final grade for the rotation. Grading of rotations Grading for rotations will be on the following grading scale:
 

A	100 – 93	C	79.99 – 70
AB	92.99 – 90	D	69.99 – 60
B	89.99 – 83	F	59.99 and below
BC	82.99 – 80		

## Student Evaluation of Site and Preceptor

- Each student is required to complete an evaluation of the rotation site and preceptor in the school's database, Exxat. This is completed at 2 weeks, for rotations which are greater than 4 weeks in length, and also at the end of the rotation. Examples of the Student Evaluation of Preceptor/Two Week Observation and Student Evaluation of Preceptor/End of Rotation Student. **See Appendix C and D for sample evaluation**
- Students will provide their opinion on positives and areas needing improvement of the clinical site and experience.  
Preceptor evaluation of student performance and clinical site evaluations done by students are reviewed by the clinical faculty at week two (for rotations greater than 4 weeks) and at the end of the rotation. Any issues or problems are identified, documented, and discussed with the preceptor and the student for resolution or improvement.
- The evaluations are monitored and composite scores are calculated. The evaluations are composed of Likert style questions with a 1-5 range. The program's overall benchmark for preceptors and sites is a composite score of 4 or higher. If the overall composite score does not meet the benchmark, the clinical faculty will discuss the findings with the preceptor/site to develop a plan of improvement. As a preceptor, you have access to these results for feedback.

## Preceptor Teaching Tools and Resources

The Physician Assistant Education Association has provided preceptors one-pagers of the best precepting practices at <https://paeaonline.org/resources/public-resources/paea-news/tips-for-making-precepting-painless-other-resources>

- Incorporating Students in Patient Care/Workflow
- The One-Minute Preceptor
- Ask-Tell-Ask Feedback Model
- SNAPPS: A 6 Step Learner-Centered Approach to Clinical Education
- Introducing/Orienting a PA Student to Clinical Education

## Site Visits

Clinical sites will be evaluated by the Director of Clinical Education or a designated representative of the program by an on-site visit, phone, or electronic communication (virtual). Additional formal program evaluations of the clinical site can be scheduled at any time as deemed necessary by the program or preceptor. Students may also request a clinical site visit if indicated, but do not need to be present at the site during the visit unless deemed necessary. The site visit provides an opportunity for an honest exchange of information among all concerned parties. Visits are scheduled by the clinical faculty and the clinical

site/preceptor at a mutually convenient time.

## **Orientation and Communicating Student Expectations**

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

On the first day of the rotation (or when possible, prior to the rotation) the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional *site-specific* HIPAA training, if needed. The student is aware that it is their responsibility to contact the clinical site at minimum two weeks prior to the start of the rotation.

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regard 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 may include, but are not limited to:

- 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 of patient care Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

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

## **Preparing Staff**

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help the student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient’s visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting. Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

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

### **Supervision of the PA Student**

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another licensed 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 students 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 in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge.

The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the "**Documentation**" section below. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

### **Informed Patient Consent Regarding Student Involvement in Patient Care**

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a Physician Assistant Student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a verbal person-by-person basis. Most hospital organizations that have students include student participation comments in their registration process. The students should be clearly identified as a

PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

## **Documentation**

If allowed by the preceptor and/or facility, PA students may enter information into a patient medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes.

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*".

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 EMR's (electronic medical records) may present 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 own edification, which should be reviewed by preceptors whenever possible for feedback.

## **Medicare Policy**

"Therefore, we proposed to establish a general principle to allow the physician, the PA, or the APRN who furnishes and bills for their professional services to review and verify, rather than re-document, information included in the medical record by physicians, residents, nurses, students or other members of the medical team. We explained that this principle would apply across the spectrum of all Medicare-covered services paid under the PFS. We noted that because the proposal is intended to apply broadly, we proposed to amend regulations for teaching physicians, physicians, PAs, and APRNs to add this new flexibility for medical record documentation requirements for professional services furnished by physicians, PAs and APRNs in all settings." -2020 Physician Fee Schedule final Rule, p. 380. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched>

## **Prescription Writing**

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

## **Professional Liability Insurance**

**Each PA student is fully covered for professional malpractice insurance by the PA**

**Program.** This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the University and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the University's liability coverage does not cover the student in these circumstances.

### **Preceptor-Student Relationship**

The preceptor should maintain a professional relationship with the Physician Assistant Student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment must be carefully selected so as not to put the student or preceptor in a compromising situation. Contact through social media (Facebook, Instagram, etc.) should be avoided until the student fully matriculates through the Carroll PA Program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting.

### **Student Responsibilities For Clinical Rotations**

- Appropriate and professional dress. All students must wear photo ID name tags supplied by the program to identify them as a Carroll University PA student. **A preceptor or clinical supervisor has the right to ask a student who is not appropriately dressed to leave the clinical site.**
- Work the same hours as the preceptor to include all office hours/clinics, emergency calls, nursing and hospital rounds, grand rounds/educational sessions, and meetings. Students are expected to work at least 32 hours per week, plus any on-call or weekends.
- **Waukesha Free Clinic:** The program has a partnership with the Waukesha Free Clinic which serves the homeless and uninsured. Students are assigned to clinics at the WFC during their family medicine and internal medicine rotations. The student should give you advance notice of their clinics days. Students should be released for these experiences.
- Punctuality. Students must attend the rotation 100% of the time, should not be late to a clinical site or to rounds. The clinical faculty must be notified of any absence from the rotation. Students should contact the preceptor/or designee if they are going to be absent or unable to be on time.
- Students must always work under the direct supervision of a preceptor (assigned preceptor or alternate). Students are at no time allowed to be in charge of a patient's care. Students are not allowed to provide any services without consultation and supervision of the preceptor.
- Students may perform procedures within the scope of practice as authorized by the preceptor and clinical site. Students are not to undertake any procedures without consulting the preceptor.

- Any charts or orders written by the student must have their name clearly written followed by the initials “**PA-S**” (**Physician Assistant Student**). Students who possess other titles (e.g. RN, RT, etc.), will at no time be allowed to use these designations. All charts and orders must be signed by the preceptor immediately.
- Students cannot be under the influence of alcohol or drugs when working at a clinical site or events at the university. Students must not compromise the safety and health of patients, students, faculty, or hospital/clinic personnel. Any violation may result in dismissal from the program.

### **Standards of Professional Conduct**

As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

- Respect
- Flexibility
- Academic integrity
- Honesty and trustworthiness
- Accountability
- Cultural competency

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 Director of Clinical Education immediately.

### **Student Health, OSHA Requirement and HIPPA Training**

Students are responsible for maintaining current immunization/immunity status and are required to follow program guidelines based on the Center for Disease Control (CDC) guidelines for Healthcare Workers. Designated requirements must be completed prior to the beginning matriculation and must remain current to continue clinical rotations. Updated tuberculosis screening and influenza vaccination are required by designated deadlines. For international electives the student should consult a travel clinic for any additional immunizations or medications recommended by the CDC. Failure to provide updated documentation of immunization and screening requirements will result in withdrawal from clinical courses and may affect the student’s ability to graduate on time.

#### **Universal Precautions**

Prior to the beginning the clinical year all PA students are required to review specific guidelines on the universal precautions and prevention and control of blood-borne pathogens as mandated by OSHA. This includes the use of personal protective equipment, proper care and disposal of sharps, and other precautionary measures. The student can provide a certificate of training if requested.

#### **HIPPA Training**

Students will receive HIPAA training during the didactic phase of the program. A certificate of completion is available from the student upon request.





## **Incident Reporting**

Should a student sustain an exposure at the clinical site (i.e., blood or body fluid exposure, TB exposure, or needle stick) the student should report the incident immediately to the preceptor and receive appropriate medical care at the time of the incident. A copy of the Carroll University's **Blood-borne Pathogen Exposure Policy and Protocol is located in the Student Manual.** The site policy will supersede Carroll's Policy. A copy of the incident report should be forwarded to the Director of Clinical Education. Ultimately, the student is responsible for initiating follow up care after an exposure, at a physician's office or at the clinic on campus (if in or near Waukesha). All costs are the sole responsibility of the student.

## Appendix A

### Preceptor Evaluation of Student/Two Week Observation

Please circle the appropriate response regarding your observation of the student at this point. If you would like the program to call regarding an area of competence please circle "call me".

**1. The student acts in a professional manner.**

*(Dress, sense of responsibility, punctuality, compliance with policies, accepts criticism, etc.)*

Strongly Agree	Agree Call me	Neutral	Disagree	Strongly Disagree
----------------	------------------	---------	----------	-------------------

**2. The student has a good work ethic, a positive attitude and demonstrates appropriate behavior and actions.**

Strongly Agree	Agree Call me	Neutral	Disagree	Strongly Disagree
----------------	------------------	---------	----------	-------------------

**3. Student's cognitive knowledge and ability to synthesize information, interpret data, make clinical decisions, and formulate differential diagnosis and therapies is at a level appropriate for their training/standing as student.**

Strongly Agree	Agree Call me	Neutral	Disagree	Strongly Disagree
----------------	------------------	---------	----------	-------------------

**4. The student performs clinical skills at a level appropriate for their training/standing as a student.**

*(i.e., physical exams, procedures, follows guidelines, provides comfort and safety to patients)*

Strongly Agree	Agree Call me	Neutral	Disagree	Strongly Disagree
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**5. The student interacts and communicates well with supervisors and staff of health care team as well as with patients.**

Strongly Agree	Agree Call me	Neutral	Disagree	Strongly Disagree
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**Student strengths:**

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**Areas for improvement:**

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**Concerns:**

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**Preceptor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Questions? Call: A. Miranda Spindt, MS, PA-C, DFAAPA, Director of Clinical Education @  
262-524-740. Please return this form: Email [mspindt@carrollu.edu](mailto:mspindt@carrollu.edu)  
Fax: 262-574-2686

**Appendix B**

**Carroll University Physician Assistant Program**

**Preceptor Evaluation of Student / End of Rotation**

Student's Name: \_\_\_\_\_

Rotation: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Location: \_\_\_\_\_

Level of Interaction:      Minimum      Moderate      Extensive

**Please indicate how well the Carroll University Physician Assistant didactic curriculum prepared the student in the following areas. Comments are required at the end of this form, for any score of <6.**

**NOTE: A score of 5 = 75%, 7 = 87.5%, and 9 = 100%**

*See Grading Scale in Preceptor's Manual for more details*

<b><u>Patient Care</u></b>	Clearly inadequate; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
History taking; accurate and complete	1	2	3	4	5	6	7	8	9		
Physical Exam: needed components present	1	2	3	4	5	6	7	8	9		
Complete assessment and preventative care plans	1	2	3	4	5	6	7	8	9		
Case Presentation: Quality and Clarity	1	2	3	4	5	6	7	8	9		
Documentation complete and logical	1	2	3	4	5	6	7	8	9		

<b><u>Medical Knowledge</u></b>	Clearly inadequate; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
Overall problem solving ability	1	2	3	4	5	6	7	8	9		
Anatomy and Pathophysiological knowledge	1	2	3	4	5	6	7	8	9		
Pharmacological knowledge and usage	1	2	3	4	5	6	7	8	9		
Case Presentation: Quality and Clarity	1	2	3	4	5	6	7	8	9		
Appropriate rationale for selection of diagnostic test	1	2	3	4	5	6	7	8	9		
Integrates H&P, diagnostics test findings into diagnosis and Treatment Plan	1	2	3	4	5	6	7	8	9		

<b><u>Practice-Based Learning and Improvement</u></b>	Clearly inadequate; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
Good initiative/work ethic	1	2	3	4	5	6	7	8	9		
Responds to feedback positively	1	2	3	4	5	6	7	8	9		
Appropriate research to optimize care	1	2	3	4	5	6	7	8	9		

**Interpersonal/Communication Skills and Professionalism**

	Clearly inadequate; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
Creates an effective patient/provider relationship	1	2	3	4	5	6	7	8	9		
Sensitive to cultural, age, gender, and disability issues	1	2	3	4	5	6	7	8	9		
Demonstrates caring and respectful behavior with patients and staff	1	2	3	4	5	6	7	8	9		
Works well as part of a team	1	2	3	4	5	6	7	8	9		
Exhibits professional appearance and manner	1	2	3	4	5	6	7	8	9		

**System-Based Practice**

	Clearly inadequate; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
Demonstrates knowledge of medical delivery systems (coding, billing, insurance)	1	2	3	4	5	6	7	8	9		
Demonstrates appropriate referrals (specialists, PT, OT, dietician, etc.)	1	2	3	4	5	6	7	8	9		

**Comments: (Add addendum if necessary) Comments are required for any score of "<6".**

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**Please Mark the category that best describes the student at this point in their education:**

<input type="checkbox"/> <b>REPORTER</b> – Student accurately gathers and communicates the clinical facts of their patients. Mastery of obtaining a history and physical and knowing what to look for in a particular clinical situation are required. Good bedside skills are required.	<input type="checkbox"/> <b>INTERPRETER</b> – Student can prioritize and assemble a reasonable differential diagnosis, follow up on diagnostic tests and analyze their results. Student must make the emotional transition from bystander to active participant.	<input type="checkbox"/> <b>MANAGER</b> – Student is able to demonstrate a much better command of medical knowledge and has the confidence and ability to make decisions on patient management. The student is able to tailor the plan to each patient problem. Student has sound interpersonal and procedural skills.	<input type="checkbox"/> <b>EDUCATOR</b> – Student is beyond the basics in ability. They must be able to read deeply and share new learning with others. Student can derive relevant clinical questions and find the best evidence to answer the questions, analyze and apply the information their patients. There is a level of maturity and confidence to lead and educate the other members of the health care team.
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<b># of Days Absent:</b>	<b># of Days Late:</b>
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**Students Must Also Report Absences and Tardiness to the Carroll University PA Office**

<b>Preceptor</b>	<b>Student</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>

**How can Carroll University enhance your experience as a preceptor of our students?**

**Please provide any suggestions for curricular improvement to help us better prepare our students.**

Please return this form to:

Carroll PA Clinical Education Department

Carroll University, [CarrollPAClinEd@carrollu.edu](mailto:CarrollPAClinEd@carrollu.edu) or Fax to: 262-574-2686

Office Use Only:
Reviewed by:
Action Taken:

Appendix C

**Student's Evaluation Of the Preceptor Two Week Observation**

**Example of Questions On EASI EVAL - TYPHON Database**

**Student Name:**

**Date:**

**Preceptor Name:**

**Rotation Type and Location:**

**Circle the appropriate response in regard to your two week observation of the clinical site and preceptor.**

The staff and other health professionals have been receptive to my role as a Physician Assistant Student.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A

Patients have been receptive to my role as a Physician Assistant Student.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A

Opportunities have been provided to practice technical skills after instruction was given.  
(Physical exam, procedures, etc. as appropriate for rotation type)

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A

I feel my PA skills and knowledge are improving.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A

Assigned tasks are pertinent to my role as current level of training as I perceive it..

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A

My preceptor is available to provide supervision when needed.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A

My rotation objectives are being met during this rotation      **Yes**      **No**

I would like a site visit      **Yes**      **No**

Are there any problems or concerns at this time during the rotation? **Yes**      **No**

If yes, explain.

**Comments:**

## Appendix D

**Student Name:**

**Date:**

**Preceptor Name:**

**Rotation Type and Location:**

**Circle the appropriate response in regard to your observation of the clinical site and preceptor.**

**Please rate each item. If rated disagree or strongly disagree or NA, please give explanation in comments section:**

- 1. There was an appropriate orientation provided by the preceptor who included discussion of rotation expectations/ objectives and the practical aspect of the site, i.e., patient flow, charting etc.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 2. Other staff and health professionals were receptive to my role as a physician assistant student.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 3. The patients were receptive to my role as a physician assistant student.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 4. I was encouraged to educate the patient regarding his/her health problems, treatment and follow-up and preventive health measures.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 5. Preceptor taught me a variety of pertinent medical concepts in a way that I could understand.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 6. Assigned tasks encouraged increased competence in my role as a physician assistant.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 7. I was observed by my preceptor while taking a patient history and performing an exam.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 8. My preceptor was available to provide supervision when needed.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 9. After jointly seeing a patient, my preceptor explained the basis for his/her treatment.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 10. The didactic curriculum was adequate to prepare me for this rotation.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 11. My rotation objectives were met during this rotation.**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A
- 12. My skills and knowledge increased during this rotation**  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A