



2024-2025
Preceptor Orientation Handbook

Tips, Tools, and Guidance for Physician Assistant Preceptors

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Midwestern University Physician Assistant Program 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 healthcare environment. We value a culture of inclusion where students, staff and faculty are honored, respected, and engaged.

Introduction

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

General Goals of the Clinical Year

The clinical year 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. Students complete seven core rotations in the areas of Internal Medicine, Women’s Health, Pediatrics, Surgery, Family Medicine, Emergency Medicine, Psychiatry/Behavioral Health, and one elective rotation.

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

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 and 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.

Core Competencies for New Physician Assistant Graduates

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

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

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

More details are available on the PAEA website:

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

Definition of Preceptor Role

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

Preceptor Responsibilities

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

- Orient, assess each student at the onset of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
- Review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism and to ensure high-quality patient care.
- Delegate increasing levels of responsibility based on a student's experience and expertise.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Immediate evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Review and add supplementary documentation to student notes to evaluate the student's clinical reasoning and documentation skills.
- Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
- Complete and return the student evaluation forms to assess performance and improvement throughout the supervised clinical experience.
- Promptly notify the PA program of any circumstances that might interfere with student safety or wellness or accomplishing the above goals or diminish the overall experience.

The Preceptor–Student Relationship

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

Orientation and Communicating Student Expectations

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. The preceptor should provide an orientation to emergency/safety procedures and preparedness, including, but not limited to the facility emergency plan, emergency evacuation routes, location of emergency eyewashes and other emergency equipment, and contact details for emergency services.

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

Expectations can include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight and weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Anything else that the preceptor thinks is necessary

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

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

Preparing Staff

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

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

- Student's name
- Student's daily schedule
- Student's expected role in patient care and what they are permitted to do with and without the preceptor present in the room
- Anticipated impact of the student on office operation (i.e., Will fewer patients be scheduled? Will the preceptor be busier? etc.)
- Process for how patients will be scheduled for the student

Supervision of the PA Student

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, Licensed Psychologist (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. Educational continuity should be maintained when using multiple preceptors. Although the supervising preceptor might not be with a student during every shift, it is essential to assign students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Sharing preceptorship duties exposes students to important variations in practice style and feedback, which can help learners develop the professional personality that best fits them. If supervision is not available, students may be given an assignment or spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor sees all the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. **However, every patient must be seen, and every procedure evaluated before patient discharge.** The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Laws for Medicare patients are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in the education of PA students. All efforts will be made

to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students must complete HIPAA training before their clinical year. However, patients must be informed that a PA student will participate in their care, and their consent must be obtained. Consent is given through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA students and must also verbally identify themselves as such. If the patient requests a physician, PA, or other licensed clinician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation

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

Additionally, writing a brief note that communicates effectively is a critical skill that PA students should develop. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit.

The introduction of EMRs (electronic medical records) can present obstacles for students if they lack a password or are not fully trained in using a specific institution's EMR system. In these cases, students are encouraged to handwrite a note and review it with their preceptors for feedback whenever possible.

Medicare Policy

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

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

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

Prescription Writing

Students may write or input electronic prescribing information for the preceptor, but the preceptor

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

Expected Progression of PA student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to develop an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may just observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should progressively increase supervised autonomy. If the preceptor thinks that a student is not performing clinically at the expected level for where they are in their training, they are encouraged to address this with the clinical program faculty early in the rotation.

Student Evaluation

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

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

Mid-Rotation Preceptor Evaluation of the student: Provides the student, preceptor, and Program with formative (i.e., in-progress) evaluation data. The student and preceptor may identify areas of strength and opportunities for growth. Completion of this form in a timely manner allows the Program the opportunity to offer remediation before the end of the rotation. **Mid-Rotation Evaluation forms are required for all rotations and are due by 4:00 pm on the Wednesday during the third week of the rotation. It is the student's responsibility to submit these forms to the program.**

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 duration of the rotation. **End Rotation Evaluation forms are due by 4:00 pm the**

Tuesday following completion of the rotation. It is the student's responsibility to submit these forms to the program.

Surgical Competency Form: This evaluation form is specific to core surgery rotations. This evaluation provides the preceptor with the opportunity to provide feedback to the student regarding their performance with procedures and within the operation room.

Examples of our Mid-Rotation and End Rotation Evaluation forms, as well Surgical Competency Form, are in the back of this handbook for your reference.

Please contact the PA program for specific policies regarding student evaluation.

Feedback to Students

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

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

Student Responsibilities

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

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

Standards of Professional Conduct

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

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

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 the Physician Assistant program. If preceptors observe any concerns about a student's professionalism, please contact the PA program immediately. [Phone:623-572-3657 Email: azpaclinical@midwestern.edu]

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 Injury
- 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>.

Diversity and Inclusion Strategies

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. A 2020 report from the NCCPA indicates that 80.8% of practicing PAs identify as white.ⁱ Additionally, a Diversity Standard (A1.11) was added to the ARC-PA 5th Edition Standards. PA programs continue to develop recruitment and retention efforts to support underserved populations.

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

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

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

The Preceptor–Program Relationship

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

If a preceptor has a question or concern about a student, they should contact a clinical coordinator. [Phone: 623-572-3657 Email address: azpaclinical@midwestern.edu]

Programs strive to maintain open faculty–colleague relationships with their preceptors and believe that if problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early troubleshooting may help avoid a diminution in the educational experience.

Annual Preceptor Survey

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 curriculum. 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 a clinical coordinator with any questions, comments, or concerns.

Preceptor Feedback

We 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. Please feel free to contact a clinical coordinator at any time for additional student evaluation comments.

Liability Insurance

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

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

Preceptor Development Resources

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

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

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

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

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

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

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

**For PA Program
use only**
_____ Pass
_____ Fail

Student: _____

Preceptor: _____

Rotation#: _____/8 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	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	Critically Deficient	Deficient	Satisfactory	Competent	Proficient	N/A	Supporting comments:
Patient Education & Counseling							
Professional Conduct and Demeanor							
Interprofessionalism							
Dependability and Responsibility							
Educational Attitude							
Responsiveness to Feedback							

Reviewed evaluation 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:** _____

†Students are responsible for submitting a copy of the completed Evaluation Form to the Program.

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

**For PA Program
use only**

_____ Pass
_____ Fail

Student: _____

Preceptor: _____

Rotation#: _____/8 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.

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Clinical Skills	Critically Deficient	Deficient	Satisfactory	Competent	Proficient	N/A	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	Critically Deficient	Deficient	Satisfactory	Competent	Proficient	N/A	Supporting comments:
Patient Education & Counseling							
Professional Conduct and Demeanor							
Interprofessionalism							
Dependability and Responsibility							
Educational Attitude							
Responsiveness to Feedback							

Reviewed evaluation 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:** _____

†Students are responsible for submitting a copy of the completed Evaluation Form to the Program.

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: _____