



BUTLER

UNIVERSITY

PHYSICIAN ASSISTANT PROGRAM

PRECEPTOR MANUAL

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Welcome

On behalf of the Butler University Physician Assistant (PA) Program, we would like to thank you for your interest in becoming a PA student preceptor. The transition from the didactic phase to the experiential phase of the PA's training could not happen without the help of our preceptors. 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. Your knowledge and experience in your respective field of medicine are crucial in developing the next generation of outstanding medical professionals.

The entire faculty at the Butler University PA Program appreciates the time and dedication that you give to our students during their experiential education. Please feel free to contact us via phone or email with any questions or concerns you may have.

Sincerely,

A handwritten signature in black ink that reads "Jennifer R. Guthrie". The signature is written in a cursive, flowing style.

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Physician Assistants

PAs are well-recognized and highly sought-after members of the health care team. “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)

PAs practice in all specialty fields; twenty-five percent of all PAs provide primary care services, especially in family practice and general internal medicine. Top areas certified PAs are practicing also include Surgical Subspecialties and Emergency Medicine. Their job descriptions are as diverse as those of their supervising physicians and may include non-clinical roles such as medical education, health administration, and research.

PA Program History

In the early 1990s, the report of the Indiana Health Care Commission noted that many areas of Indiana were medically underserved. During this same period, Methodist Hospital expanded its mission of "curing disease and rescuing from disaster" to include "delivering primary care services" and the Butler University College of Pharmacy and Health Sciences recognized an educational void in Indiana. The creation of a PA Program, co-sponsored by Methodist Hospital and Butler University, was recognized as a way to address all of these issues.

The PA Program admitted its first class of nine students in January 1995 and this class graduated in August 1996 with a BS in Health Sciences. In 2006, the program matriculated its first Master’s degree granting class. Graduates are awarded a Master of Physician Assistant Studies (MPAS) degree. Today, the PA Program is operated solely by Butler University and most aspects of didactic training occur on the Butler University campus. 75 Students per cohort complete a 24-month graduate-level curriculum for a total of 108 credit hours.

Program Accreditation

The PA Program is fully accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Upon completion of the program, graduates are eligible to sit for the Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA).

Mission Statement

To produce graduates with a foundation in primary care to deliver high quality, patient-centered care in a wide variety of clinical settings.

Goals / Student Learning Objectives

1. Select highly qualified applicants through the admission process who will successfully complete our PA Program.
2. Provide a quality educational experience that provides students with the knowledge, skills, and attitudes for entry-level practice as PAs.
3. Provide an educational experience that prepares our graduates to provide quality primary care in a wide variety of clinical settings.
4. Help our students develop a sensitivity that will allow them to effectively work with a variety of patients.
5. Maintain our status as the longest accredited PA Program in the state of Indiana.
6. Promote professionalism, service, and leadership of students and faculty.

Program of Study

The curriculum is 24 consecutive months and is designed to provide an understanding of the knowledge and skills used as a PA. The first 12 months of the program are devoted to didactic studies in the basic medical, clinical, and behavioral sciences, and the final 12 months are largely focused on the clinical experiences in primary care, medical and surgical specialties. Upon completion of the rigorous PA Program, graduates have earned 108 credit hours. You can find the complete curricula for the Butler University PA Program here: [didactic curriculum](#) and [clinical year curriculum](#).

The didactic curriculum is integrated to introduce the student to medical sciences as they relate to specific organ systems and clinical problems. Learning strategies include the traditional lecture format and basic science laboratory, hybrid, small group tutorials, and patient case discussions. Regular patient contact is an important part of the first-year curriculum; therefore, students begin to see patients during the didactic year. Standardized patient evaluations, through simulation and actors, are also a part of the didactic curriculum.

As part of the experiential curriculum, students participate in both clinical rotations and didactic course work. Students are required to complete core rotations in emergency medicine, family medicine, internal medicine, mental health, pediatrics, surgery, and women's health. Students also choose an elective rotation. In the experiential year, students must successfully pass end-of-rotation exams and participate in other course work to include Core Topics, Issues of Professional Practice, and the Summative Practicum as they prepare for graduation and entry into clinical practice.

Because the experiential teaching is carried out in many practice settings across the country, students should anticipate travel to local and distant sites for their clinical experiences to fulfill these requirements.

Expected Progression of PA student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, develop differential diagnoses, interpret laboratory and imaging tests, and perform procedures. As the year continues, they should be able to come up with an assessment and plan more effectively, 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.

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 written documentation skills
- Practice procedural skills in the outpatient, inpatient and surgical settings
- 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

Clinical Rotations

During the experiential phase of the PA Program, students are required to spend 4 weeks in each of the following core rotations: Surgery, Mental Health, Pediatrics, and Women's Health. Students are required to spend a total of 8 weeks in these core rotations: Emergency Medicine, Family Medicine, and Internal Medicine. Additionally, there is one 4-week elective rotation. Students should be scheduled for a minimum of 32 hours of clinical exposure per week and are not to exceed 80 hours per week. At the conclusion of each of the core rotations, all students are required to successfully pass an end-of-rotation examination in that given specialty, with the exception of an elective rotation.

Students enrolled in our program must not be required to perform clerical or administrative work for your practice and must not be used as a substitute for regular clinical or administrative staff. Participation in these activities should be required if the primary purpose of the participation is patient care-related and it facilitates the PA student's educational process in that setting.

Student Responsibilities

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
- Interpret common diagnostic tests, including laboratory and imaging studies
- Perform clinical and technical skills including procedures based on then current professional practice
- 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

Standards of Professional Conduct

PAs, as health care practitioners, are required to conform to the highest standards of ethical and professional conduct. These include respect, flexibility, academic integrity, honesty, trustworthiness, accountability, and 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 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 experiential education team immediately. More information is outlined in the [student handbook](#).

End of Rotation Examinations

At the end of each 4-week core clinical rotation, students must successfully pass an exam specific to that given specialty. The Butler University PA Program faculty utilizes the Physician Assistant Education Association (PAEA) End of Rotation Examinations and endorses the objectives utilized to develop these exams as imperative to enter into practice as a PA. Each exam incorporates current, relevant test items that follow rotation-specific content Blueprints and corresponding Topic Lists. More information may be obtained online www.endofrotation.org.

Experiential Year Attendance Policy

Students' attendance is mandatory at the following: Any on-site orientation required by clinical sites, Rotation specific pre- and/or post-rotation meetings; Each End of Rotation (EOR) designated days (*approximately 2 days per month*), Summative Exam and any practice sessions pertaining to the clinical year.

Students are expected to be at their assigned clinical site every day as scheduled, regardless of weekends, holidays, or weather. Any student missing an experiential day for any reason must report their absence to the Director of Experiential Education immediately and complete a required absence request form for review. The Director of Experiential Education will review the request for approval or denial. Documentation (e.g., doctor's note, obituary, etc.) may be required to justify the absence(s) at the discretion of the Director of Experiential Education. The preceptor must also approve these requests. Unexcused and/or unreported absences may be grounds for failure of a clinical rotation, or other disciplinary actions as deemed appropriate by the Butler PA Program Administration. Please be sure to document any absences on the final student evaluation form for each student.

Policy for Student Travel to End of Rotation Meetings

If an End of Rotation meeting begins the day following the last scheduled rotation day and your site is more than two hours from Butler’s campus, the following guidelines apply:

- If a rotation site is a 2–5-hour drive from campus, one half day from rotation will be excused for travel.
- If a rotation site is more than a 5-hour drive from campus, one full day from rotation will be excused for travel.

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA Program, preceptors, and the experiential team. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the experiential education team. 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. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

Technology

The use of cell phones and other electronic devices for personal phone calls, text messaging or web surfing while on your rotation is not allowed. Communication by text may only be used if determined by the preceptor that this is their preferred form of communication. Engaging in social media is not acceptable during student learning. Preceptors are encouraged to discipline students accordingly if such situations arise during the course of a rotation.

Sexual Harassment

Butler University is committed to maintain a respectful educational environment, free from harassment. Harassment of any kind is not acceptable at Butler; it is inconsistent with the commitment to excellence that characterizes Butler University’s activities. Alleged violations of this policy may result in referral to the University student conduct system. In addition, those who engage in harassing behavior may be subject to criminal prosecution under appropriate federal, state, or municipal law. Action taken by the University through the University’s student conduct process does not preclude the pursuit of criminal or civil action. All COPHS students must adhere to the policies outlined under “Harassment, Sexual Misconduct and Sexual Harassment Policies” in the Butler University Student Handbook. Students and preceptors are expected to abide by these policies. 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.

www2.ed.gov

Needle Stick or Exposure to Biohazard Policy

This policy is based on standard national guidelines to identify and, if applicable, treat those students who incur a needle stick or are exposed to a biohazard related to the accidental exposure. Students will need to discuss site procedures with the preceptor prior to any activities that have the potential of causing a needle stick or exposure to biohazards.

If a student does experience a needle stick or biohazard exposure during their rotation experience, the following steps shall be taken:

- Immediately wash injury with soap and water and induce bleeding. If eye is contaminated, rinse with sterile water or normal saline for 15 minutes. Other mucous membranes can be rinsed with tap water.
- Per affiliation agreements, the student will immediately notify the preceptor and determine what procedures exist at that site to deal with needle stick/biohazard situations.
- Based on the services provided at the site, the student should have the appropriate steps taken based on the site's protocol for needle sticks/biohazard exposure. The student will be responsible for any costs associated with testing, care and treatment provided by the site.
- If the site does not have a protocol in place for accidental exposures, the student and preceptor will determine where the nearest emergency room is located so the appropriate laboratory tests can be collected within 30 minutes of exposure.

Appropriate laboratory tests

Student testing

- Hepatitis B SAG (Hepatitis B Surface Antigen)
- Hepatitis C Antibody
- HIV Antibody (Human immunodeficiency Virus) when consent is given
- Hepatitis B SAB (Hepatitis B Surface Antibody)

Source patient testing

- Hepatitis B SAG (Hepatitis B Surface Antigen)
- Hepatitis C Antibody
- HIV antibody (Human immunodeficiency Virus) when consent is given
- Hepatitis B Core Antibody when the exposed patient is HBSAB negative
- Other tests for confirmation of diagnosis when clinically indicated

Students should be strongly encouraged to schedule an appointment with a healthcare provider within 72 hours of the accidental exposure to determine if they are a candidate for post-exposure prophylaxis (PEP) treatment.

Evaluations

Butler University PA students are responsible for discussing their progress with their preceptor and completing a mid-rotation evaluation to be submitted to our office by the student. Near the conclusion of the rotation, the preceptor will receive an evaluation through our automated system, eValue™. Copies of the mid-rotation and final evaluations are available in the appendices of the preceptor manual.

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 prior to 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 program faculty ultimately makes the final grade for a clinical rotation and the decision to pass or fail a student. The program will designate how often evaluations need to be completed.

Preceptors should consider consulting 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 insights 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.

Feedback to Students

While students may have only one formal evaluation during the clinical rotation, it is imperative that they receive regular positive and constructive feedback on a daily basis from their preceptors to help improve their clinical performance. Please see the appendices to the preceptor manual for ideas on giving feedback to students.

eValue™

The Butler University PA Program uses an automated evaluation tool called eValue™. The eValue™ system will automatically email you a link to an evaluation form prior to the end of the student’s rotation. Simply open the email, click on the link, complete the evaluation, and submit. If you have any questions about the eValue™ system, you may contact Liv West at obwest@butler.edu or 317-940-6192. Please contact Liv by the last day of the rotation if, for any reason, you do not receive an evaluation in your email or have a change in email address.

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 MD, DO, PA, or NP who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor 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. This type of collaboration during short 4-week rotations should be utilized with awareness to ensure the student receives meaningful feedback. Students may be given additional assignments or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The main preceptor should be aware of the student's assigned clinical 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. The PA student is not 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 person-by-person basis. The students should be clearly identified as PA student and must 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 in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. As of January 1, 2020, The Centers for Medicare and Medicaid Services now allows all preceptors to verify, rather than re-perform, documentation provided by PA students during the provision of E/M services. For review of the full document click [here](#). A brief statement is also available through the PAEA newsroom [CMS Finalizes Student Documentation Proposal](#)

Any questions regarding this issue should be directed to the experiential team. 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 own edification, which should be reviewed by preceptors whenever possible for feedback.

Prescription Writing

Students may transcribe prescribing information for the preceptor, but the physician must approve and 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 to personally sign and send the electronic prescription. The student or the preceptor must not violate these guidelines.

Certificate of Liability Insurance

Butler University carries group professional liability insurance for all PA students enrolled in our program. To request a copy of the certificate, contact Karen Corby at kcorby@butler.edu or 317-940-9507. A certificate will be emailed directly to you and/or your site from Gregory & Appel Insurance.

Preceptor Appreciation

The Butler University College of Pharmacy and Health Sciences Experiential Education Team hosts preceptor appreciation events throughout the year. Information about these events will be sent to you via email and announced online. Indiana Academy of Physician Assistants (IAPA) awards any active preceptor, defined as acting as a preceptor for at least two PA students per year, a 20% discount on your annual membership to IAPA. Additionally, a complimentary annual membership to Epocrates Plus is provided for active preceptors.

Affiliate Faculty Appointment

Preceptors for the Butler PA Program who take at least four PA students annually are eligible to receive an appointment to our Affiliate Faculty. This designation allows access to Butler's on-line library, which contains extensive medical resources including NEJM, UpToDate, and much more. The Affiliate Faculty member also has access to free download of the Microsoft Office Suite to use on their home computers. Upon request, an Affiliate Faculty preceptor can be issued a Butler I.D. card, which will allow access to on-campus libraries and discounts at selected events at Clowes Memorial Hall.

Preceptor Continuing Medical Education (CME)

CME Credits Category 1 (Physician Assistants Only)

Clinical Preceptors who are Physician Assistants may be awarded an unlimited number of AAPA Category 1 CME for their precepting efforts from the Butler University PA Program. PA Preceptors can earn 2 AAPA Category 1 CME credits per PA student per 40-hour week. Only PA Programs who apply for this accredited

activity are approved to award Category 1 Credit to preceptors. Information on how to claim Category 1 CME will be sent out annually from Butler's Experiential Team.

CME Credits for Other Healthcare Providers

The Butler University PA Program will provide a certificate of the preceptors' participation annually, at the conclusion of each experiential year. Upon request, documentation will be provided attesting to hours spent as a preceptor for the Butler University PA Program. Information about claiming CME hours should be available through your accrediting body. Additional requests should be submitted in writing to the PA Experiential Team (PAExperientialTeam@butler.edu) as needed for your certification requirements.

Tuition Discount for Doctor of Medical Science Program

PA Preceptors enrolled in the Butler University Doctor of Medical Science (DMS) Program may be eligible for a tuition discount. Please see the Butler [website](#) for more information.

Preceptor Resources

Tools specific to each of the appendices listed below can be found in an electronic copy, which can be accessed on the PAEA website at: www.PAEAonline.org, under Resources.

Appendices

Appendix A. New Preceptor Information Form

1 of 2

Butler University Physician Assistant Program

New Preceptor Form

Please enter your information in the spaces provided below. This PDF may be returned via email (PAExperientialTeam@butler.edu), fax 317-940-9857, or US postal mail (see address below). This form is not intended to be a contract, but a step in the process of becoming a Butler University PA Program preceptor required by accreditation. Once your information is received, we can begin the process of attaining Affiliation Agreement(s) in place with sites in which you practice.

Name of student making the rotation request (if applicable)			
Name of Preceptor			
Maiden Name/ Previous Name (if applicable)			
Professional Designation (select): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> Other			
Medical License Number		Board Certified or Board Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preceptor Email Address			
<i>Collaborating physician's first & last name (PA and NP only)</i>			
Medical License Number		Board Certified or Board Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Practice Site			
<input type="checkbox"/> Private Practice <input type="checkbox"/> Affiliated Institution			
Street Address			
City		State	Zip
Practice Phone Number		Preceptor Mobile Number	
Additional point of contact for Primary Practice Site (Office Manager, Administrator, Education Coordinator)			
Name			
Title/Dept			
Email			
Number of years you have practiced in your current specialty: ____			
Select current medical specialty:			
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> General Surgery
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Women's Health	<input type="checkbox"/> Other _____
What percent of your practice is spent in each of these 4 settings?			
Out-Patient: ____% In-Patient: ____% Emergency Dept: ____% Operating Rm: ____%			
What percent of your patient population falls into these age-related categories?			
Prenatal Care: ____% 0-18 years old: ____% 19-64 yrs old: ____% 65 yrs and older: ____%			
Number of patients you see in a typical day: ____			
Will students have access to medical texts, journals, etc., either in your facility or at the hospital?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Butler University PA Program 4600 Sunset Avenue Indianapolis, IN 46208-3485

Revised 06/2024

List all facilities where you intend to have the student accompany you during the rotation (specific hospitals, surgery centers, etc). Butler will secure affiliation agreements, if one is not already on file, with our PA program.
Additional Site Name
Contact Name
Contact Title/ Dep
Contact Email
Percentage of time spent on site: ___%
Additional Site Name
Contact Name
Contact Title/ Dep
Contact Email
Percentage of time spent on site: ___%
Additional Site Name
Contact Name
Contact Title/ Dep
Contact Email
Percentage of time spent on site: ___%

- Practice in accordance with the AMA's Code of Medical Ethics and/or another professional ethical code in alignment with the preceptor's profession and meet legal requirements for the practice of medicine in the state in which you will practice when the student is in your charge.
- Allow Butler PA Program Experiential Education Director, or designated representative, to make scheduled on-site visits, as needed.
- A complete description of preceptor responsibilities can be found in the Preceptor Manual at <https://www.butler.edu/pharmacy-health/experiential/physician-assistant-preceptors/>. These responsibilities include but are not limited to the following:
 - A. Conduct a mid-rotation evaluation with the student using the form provided by Butler PA Program.
 - B. Complete an end of rotation evaluation on the student through the program's automated system, eValue. Submit the evaluation no later than one week after completion of the rotation.
 - C. Provide the student with appropriate supervision and never allow a student to perform or order any intervention on or provide any disposition for a patient before staffing the patient.
 - D. Student participation in clerical, administrative, and/or clinical activities may be required only if the primary purpose of the participation is to facilitate the educational process; students should not be utilized as a substitute for regular clinical or administrative staff.
 - E. Provide the student with access to the range of patient diversity and clinical settings available in your practice, including inpatient, outpatient, emergency department and the operating room,

I have read, understand, and accept the responsibilities of a Butler University PA Program preceptor.

Signature _____ **Date** _____

Return this completed form and a copy of your current CV (if available) to Butler University Experiential Team

Butler University PA Program 4600 Sunset Avenue Indianapolis, IN 46208-3485

Appendix B. Current Clinical Year Schedule

Butler University Physician Assistance
Class of 2025
Experiential Year Schedule

Rotation Block	Calendar Dates
ACLS Training Option 1	February 17-18, 2024
ACLS Training Option 2	February 24-25, 2024
Orientation	May 2-3, 2024
1	May 6-29, 2024
Return to Campus (Thursday & Friday)	May 30 & 31, 2024
2	June 3-26, 2024
Return to Campus (Thursday & Friday)	June 27 & 28, 2024
3	July 1-31, 2024
Return to Campus (Thursday & Friday)	August 1 & 2, 2024
4	August 5-September 4, 2024
Return to Campus (Thursday & Friday)	September 5 & 6, 2024
5	September 9-October 3, 2024
Return to Campus (Friday)	October 4, 2024
6	October 7-November 6, 2024
Return to Campus (Thursday & Friday)	November 7 & 8 2024
7	November 11-December 13, 2024
Professional Development	December 16-20, 2024
Winter Break	December 21, 2024-January 5, 2025
8	January 6-29, 2025
Return to Campus (Thursday & Friday)	January 30 & 31, 2025
9	February 3-25, 2025
Return to Campus (Wednesday, Thursday & Friday)	February 26, 2025 Summative February 27-28, 2025
10	March 3-April 2, 2025
Return to Campus (Thursday & Friday)	April 3 & 4, 2025
11	April 7-May 4, 2025
Return to Campus (Monday)	May 5, 2025
Commencement	May 10, 2025

- Return to Campus: These dates include End of Rotation Exams, Presentations, Professional Development, and Beginning of Rotation Prep. Attendance is mandatory.
- Students are expected to be available for all shifts during the rotation; which may include weekends, holidays, and evenings.
- This schedule is subject to change with notification based on Butler University, State, and Federal guidance.
- Please note student travel guidelines to allow for a timely return to campus.

Updated: 09/08/2023

Appendix C. Mid-Point Evaluation

BUTLER UNIVERSITY PA PROGRAM

MID-ROTATION EVALUATION

To be completed by the student and preceptor at the mid-point of each rotation

Student Name								
Preceptor Name								
Site Name								
Rotation Type	FM	IM	EM	SURG	PEDS	MH	WH	Elective
Rotation Block No.		Dates						
Clinical Skills				Progressing Appropriately	Emphasize study & practice*	Area of concern*	Not Applicable	
Medical Fund of Knowledge								
History Taking Skills								
Physical Exam Skills								
Oral Presentation – Concise and Pertinent								
Written Documentation- Concise and Pertinent								
Interpreting Labs-Tests								
Formulating Differential Diagnoses								
Patient Management and Treatment Plans								
Procedure Skills								
Professionalism								
Dependable & Punctual								
Time Management & Organization								
Rapport with Providers, Staff, and Patients								
Communication Skills								
Demonstrates Self-Directed Learning								

**Please, comment on any areas of concern or areas needing focused study:*

Preceptor Signature		Date	
Student Signature		Date	

Students upload completed form to eValue personal records by the designated due date per your schedule.
Revised April 2020

Appendix D. Final Evaluation Example

Butler University Health Sciences Physician Assistant Program

Subject:
 Evaluator:
 Site:
 Period:
 Dates of Rotation:
 Rotation: Elective
 Form: Preceptor Evaluation of Student

Thank you for participating in the Butler University Physician Assistant Program as a clinical preceptor.

Please complete this evaluation of the Butler student that did a clinical rotation with you. For each category, please click on the score you would give the student and include any comments you may have. Also, please make sure to complete the pass/fail question at the end of the evaluation.

Total Days Absent During Rotation: (Question 1 of 3 - Mandatory)

Please evaluate the student in the following areas using the scale 1:Strongly Disagree 2:Disagree 3: Neither Agree nor Disagree 4: Agree 5: Strongly Agree

For any score of 2 or below, or for a "No" answer, the evaluator should make comments noting the student's specific deficiency (ies) based on rotation objectives:

(Question 2 of 3 - Mandatory)

The Student	1	2	3	4	5	N/A	
1. Efficiently and effectively elicited pertinent information in a medical history and performed an appropriate physical exam.	1.0	2.0	3.0	4.0	5.0	0	<div style="border: 1px solid black; height: 70px;"></div>
2. Appropriately ordered and analyzed results of clinical and diagnostic tests.	1.0	2.0	3.0	4.0	5.0	0	<div style="border: 1px solid black; height: 70px;"></div>
3. Integrated data obtained through history, physical examination, and laboratory investigations to develop a differential and final diagnosis in patients presenting with acute and chronic conditions in this specialty.	1.0	2.0	3.0	4.0	5.0	0	<div style="border: 1px solid black; height: 70px;"></div>
4. Appropriately selected and correctly performed medical procedures in the elective specialty.	1.0	2.0	3.0	4.0	5.0	0	<div style="border: 1px solid black; height: 70px;"></div>

5. Given a diagnosis (and other pertinent patient information), designed an appropriately personalized patient management strategy including, when necessary, made appropriate patient referrals for acute and chronic conditions.	1.0	2.0	3.0	4.0	5.0	0	
6. Developed medical records and oral presentations that were clear, concise, and complete.	1.0	2.0	3.0	4.0	5.0	0	
7. Demonstrated professionalism consistent with a health care provider within the elective specialty.	1.0	2.0	3.0	4.0	5.0	0	

(Question 3 of 3 - Mandatory)

Acquisition of Knowledge, Skills, and Attitudes	Yes	No	
9. Given the stage of training within this rotation specialty, I feel the student has acquired the appropriate knowledge, skills, and attitude.	2.0	0.5	

Appendix E. PA Program Curriculum

BUTLER UNIVERSITY PHYSICIAN ASSISTANT PROGRAM

DIDACTIC CURRICULUM

MPAS 1

SUMMER SEMESTER 1	Credit Hours
Anatomy for PAs with lab	4
Physiology for PAs	4
Clinical Medicine and Pharmacotherapeutics I for PAs	4
Interpretation of Imaging Studies for PAs	2
Social and Behavioral Medicine	3
History and Physical Exam for PAs	2

TOTAL SEMESTER HOURS 19

FALL SEMESTER 2	Credit Hours
History and Physical Exam with lab for PAs	3
Health Care Communication for PAs	1
Clinical Medicine and Pharmacotherapeutics II for PAs	7
Women's Health	2
Interpretation of Laboratory Studies for PAs	3
Medical Literature Interpretation and EBM	2
12 Lead ECG Interpretation	1

TOTAL SEMESTER HOURS 19

SPRING SEMESTER 3	Credit Hours
Clinical Medicine and Pharmacotherapeutics III for PAs	6
Clinical Procedures with Lab	4
Orthopedics and Rheumatology	1
Health Promotion, Disease Prevention and Nutrition	2
Pediatric Medicine	1
Clinical Integration	3

TOTAL SEMESTER HOURS 17

EXPERIENTIAL CURRICULUM

MPAS 2*

SUMMER SEMESTER 4*	Credit Hours
Internal Medicine Rotation 1	4
Community Mental Health Rotation	4
Emergency Medicine 1	4
Core Topics 1 (Pass/Fail)	1

TOTAL SEMESTER HOURS 13

FALL SEMESTER 5*	Credit Hours
Family Medicine Rotation 1	4
Women's Health Rotation	4
Pediatric Rotation	4
Internal Medicine Rotation 2	4
Core Topics 2 (Pass/Fail)	2
Issues of Professional Practice	2

TOTAL SEMESTER HOURS 20

SPRING SEMESTER 6*	Credit Hours
Family Medicine Rotation 2	4
General Surgery Rotation	4
Emergency Medicine 2	4
Elective Rotation (Pass/Fail)	4
Core Topics 3 (Pass/Fail)	2
Inter-professional Experience (Pass/Fail)	1
Summative Practicum (Pass/Fail)	1

TOTAL SEMESTER HOURS 20

TOTAL 24 MONTH PROGRAM = 108 CREDITS

* The above Experiential Curriculum is just one of several possible sequences. The Director of Experiential Education will determine individual student rotation schedules.

*Academic Rotation may be utilized in lieu of Emergency Medicine 2, Family Medicine 2, or Internal Medicine 2.

Appendix F. Introducing/Orienting a PA Student to Your Practice

Introducing/Orienting a PA Student to your Practice

Authored by: PAEA's Committee on Clinical Education
PUBLISHED FEBRUARY 2017

1-PAGERS
for
PRECEPTORS

Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm, and belonging to the team helps students develop the functional capacity to work more efficiently. Orientation should include several components:

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

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

Preparing your staff to have a student:

The staff of an office/hospital setting play a key role in ensuring that each student has a successful rotation. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

- Student's name and schedule
- Student's expected role in patient care
- Expected effect of the student on office operations

Preparing your patients to have a student:

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

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

Orienting the student to your practice:

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

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

Overview of the rotation/preceptor expectations:

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

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

Orienting the student to your community:

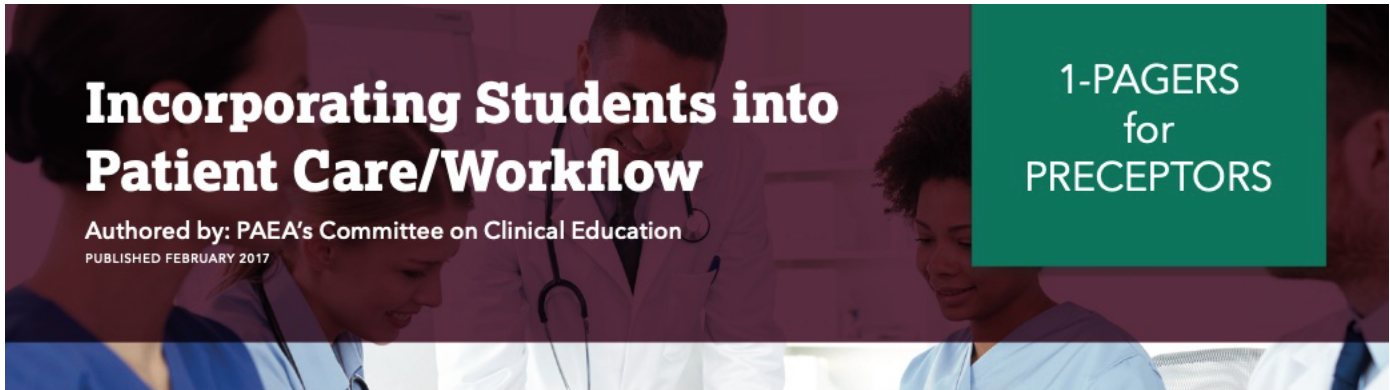
Discuss with the student early in the rotation characteristics of your local community or patient population that affect patient care as well as available community resources that your practice uses on a regular basis.

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

REFERENCES

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





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

Share the Teaching Responsibilities

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

Plan Ahead with Patients

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

Teamwork

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

Fully Utilize Student

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

Summarize and Clarify

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

Set Time Limits

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

Utilize Educational Strategies for Effective Teaching

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

REFERENCES

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





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

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

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

Microskills

1 Get a Commitment

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

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

2 Probe for Supporting Evidence

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

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

3 Reinforce What Was Done Well

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

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

4 Give Guidance About Errors/Omissions

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

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

5 Teach a General Principle

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

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

Summarize

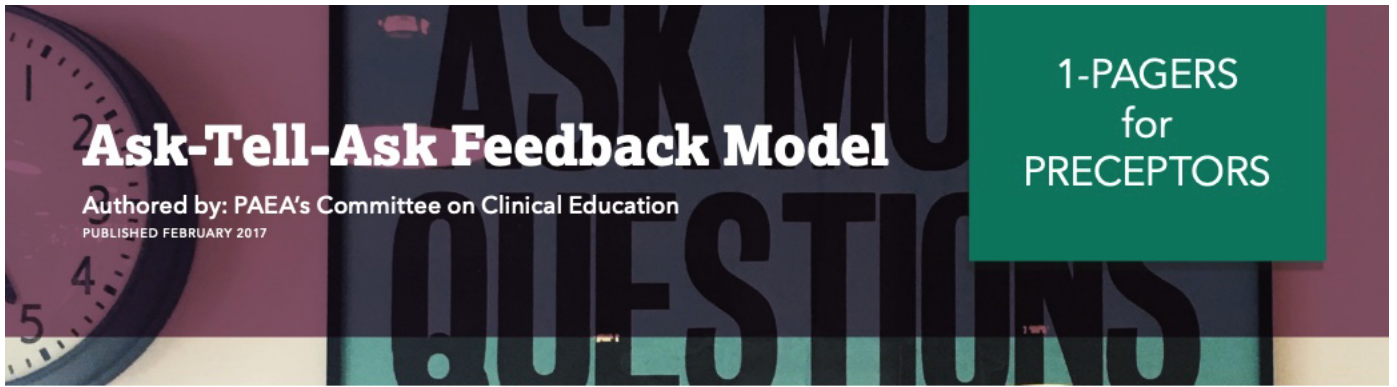
Consider summarizing or concluding, ending with next steps (e.g., plan for the patient, reading assignment for the student, schedule for follow-up with the student, etc.).

REFERENCE

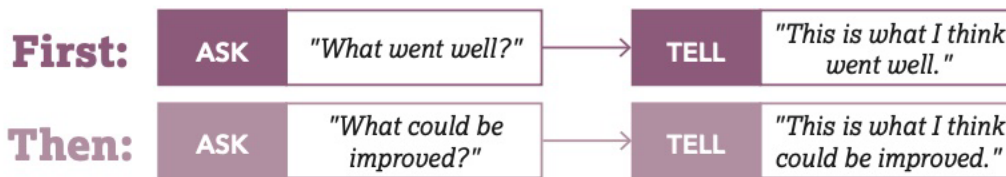
Neher J, Gordon K, Meyer B, Stevens N. A five-step “microskills” model of clinical teaching. *Journal of American Board of Family Practice*, 1992; 5: 419-424.



Appendix I. Ask-Tell-Ask Feedback Model



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



Example 1

Setting: Outpatient

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

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

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

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

Preceptor: What do you think could be improved?

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

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

Example 2

Setting: Inpatient

Task Area: Medical Knowledge, Clinical Reasoning

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

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

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

Preceptor: What do you think could be improved?

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

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





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

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

REFERENCE

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



Appendix K. Tailoring Clinical Teaching to an Individual Student

Tailoring Clinical Teaching to an Individual Student

Authored by: PAEA's Committee on Clinical Education
PUBLISHED FEBRUARY 2017

1-PAGERS
for
PRECEPTORS

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

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

Suggestions for assessing student on first day of training

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

✓ Behaviors that indicate the student is "getting it"

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

⊘ "Red flag" behaviors

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

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

REFERENCE

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

