## Methodist University
### Physician Assistant Graduate Program
### Preceptor Manual
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Section I: GOALS AND OBJECTIVES FOR THE CLINICAL YEAR

Throughout the clinical year, the Physician Assistant (PA) students will build on their abilities to function effectively as Physician Assistants. There are five primary aspects of practice that are key to being a successful Physician Assistant in any setting.

A. Clinical Aspects of Practice: There are 9 core topics relating to the Clinical Aspects of Practice to be covered by the PA student during each rotation:

1. Physician - PA - Patient relationships. All patient encounters require effective Patient-to-PA and PA to-Physician relationships. These relationships begin with the PA student's personal appearance and demeanor. Each PA student should demonstrate the ability to approach any patient in a respectful manner and to communicate clearly with other professionals as well as with the patient's family. The PA student must be able to accept constructive criticism.

2. Preventive Medicine and Patient Education. The PA student must evaluate and educate each patient on preventive health.

3. Assessment and Diagnosis. The PA student must demonstrate the ability to elicit a complete medical history, perform an appropriate physical examination, develop a problem list, and record pertinent data in a clear, concise manner.

4. Treatment and Management. Upon completion of a history and physical exam, the PA student should develop a plan of treatment and management for the patient. This plan should include proposals for performance and/or interpretation of therapeutic and diagnostic procedures, such as routine laboratory studies, common radiographs, ECG, injections, suturing and wound care, treatment of uncomplicated fractures; as well as the selection of medications.

5. Written Documentation and Oral Presentation. The student should present all data in a clear, concise manner both in written documentation and oral presentation, with the development of differential diagnosis and therapeutic plan.

6. Consultation and Referral. Integral to the PA student's clinical development is the ability to consult with his/his Preceptor, as well as other professionals, on behalf of the patient. It is the PA student's responsibility to monitor patient care by the evaluation of the patient, charting of pertinent information, and presenting a summary of the findings to the Physician for review.

7. Public Health Issues. The PA student should develop an awareness of community resources and the ability to counsel and educate patients and other health professionals on public health issues.

8. Evidence-Based Medicine. The PA student should use evidence-based medicine as an integral part of clinical practice.

9. Team-Based Practice and Relationships. The PA student will work collaboratively with other healthcare professionals and staff, forging relationships that support a team-based practice.
B. Sociological Aspects of Practice: There are 4 core topics relating to the Sociological Aspects of Practice to be covered by the PA student during each rotation:

1. Family Relationships. The PA Student will develop an understanding of family relationships, their impact on the patient and their use as a resource for health care management of the patient.

2. Community Issues and Resources. The PA Student needs to become aware of community-based issues and resources that can have an impact on patient care.

3. Socioeconomic Issues. The PA student will develop an understanding of socioeconomic issues (i.e. age, education, economic status, language barrier, disability, etc.) and the impact on patient care.

4. Communication and Counseling. The PA student will demonstrate the ability to communicate clearly and concisely as an advocate for the patient with other health care professionals. The PA student will develop the ability to counsel the patient regarding his/her health and health care management.

C. Ethical and Legal Aspects of Practice. There are 5 core topics relating to the Ethical and Legal Aspects of Practice to be covered by the PA student during each rotation:

1. Interpersonal Relationships. The PA student will demonstrate appropriate interpersonal relationships with patients and host facility staff so as to foster respect and establish good rapport.

2. Inter-professional Relationships. The PA student will develop inter-professional relationships that foster respect and rapport while demonstrating an awareness of his/her professional limitations.

3. Statutory and Regulatory Duties. The PA student will maintain knowledge of current statutory and regulatory requirements pertaining to the clinical rotation, to assist in safeguarding him/herself, the preceptor, and patients.

4. Confidentiality. The PA student will maintain confidentiality with the patient and clinical facility.

5. Ethical Dilemmas. The PA student will maintain an awareness of current ethical dilemmas in clinical practice, such as advance directives, removal of life support, termination of pregnancy, Do-Not-Resuscitate (DNR) Orders, and investigational treatments.

D. Administrative Aspects of Practice. There are 5 core topics relating to the Administrative Aspects of Practice to be covered by the PA student during each rotation:

1. Practice Patterns. The PA student should gain an understanding of how she/she fits into the practice patterns of a particular rotation, as well as how an employed PA is integrated into that pattern.

2. Office Management. The PA student should develop an awareness of the different styles of office management.

3. Record Systems. The PA student should develop an understanding of the various types of medical record systems, so that he/she is able to retrieve and present clinical data appropriately.

4. Information Technology. The PA student should develop an appreciation for the use of information technologies related to health care, i.e. for patient care, CME, professional communication, etc.
E. Economic Aspects of Practice. There are 3 core topics relating to the Economic Aspects of Practice to be covered by the PA student during each rotation:

1. Prospective Payment Plans and Managed Care. The PA student should gain an understanding of the economics of prospective payment plans and managed care organizations.

2. Clinical Work Accounting. The PA student should develop an understanding of accounting systems for clinical services (i.e. auxiliary service costs, patient charges, and CPT codes).

3. Third Party Reimbursement. The PA student should develop an understanding of third party reimbursements for Physician Assistant services.

Section II: OVERVIEW OF THE CLINICAL ROTATION OBJECTIVES

The purpose of the clinical preceptorship is to enable the student to develop fundamental clinical knowledge and skills under Physician/Physician Assistant supervision. The clinical experience gained during the second year of the program is a crucial part of Physician Assistant education. During this time the student makes the transition from didactic learning to clinical practice. Students are encouraged to take rotations in medically under-served rural and/or inner city areas.

Most of the goals and objectives described above may be accomplished during each rotation with the support and supervision of the Clinical Preceptor and staff. There are further objectives specific to each rotation and a list of technical skills and procedures that the student must complete by the end of the clinical year. It is the student’s responsibility to use each rotation to its greatest potential to achieve the clinical goals. Students will evaluate the site at the end of a rotation as outlined in the evaluation section of the clinical year manual. It is the preceptor’s responsibility to present opportunities for the student to develop his/her knowledge and skills, and provide for a progression of learning during the rotation. The preceptor will evaluate the PA student as outlined in the evaluation section of the clinical year manual.

A. STUDENT PREPARATION

Prior to beginning the clinical year, the student will have completed 12 months of didactic training in the basic and clinical sciences. In addition, the student will have practiced history-taking and physical examination skills at a variety of clinical locations, learned how to interpret ECG and X-ray data, practiced basic suturing and splinting techniques, and performed various other medical office procedures.

B. SUPERVISION

The Physician Assistant Program will provide the Preceptor with objectives for each of the clinical rotations. During the first week of a rotation, the Clinical Preceptor should meet with the student to review the objectives and expectations for the rotation. The Preceptor should become acquainted with the PA student’s capabilities by allowing the student to interact on a one-on-one basis with patients. The amount of independence the student is allowed for this interaction is at the discretion of the Preceptor and should be based on the Preceptor’s evaluation of the student’s level of experience and expertise. A student may respectfully decline to perform any solo activity which he/she does not feel adequately experienced to perform without supervision.

C. TASKS

Typical tasks assigned to PA students by Preceptors include:

- Taking histories and doing physical examinations.
- Assessing common medical problems and recommending treatment plans.
- Performing and assisting in routine lab and therapeutic procedures.
- Counseling patients about health care.
- Assisting with hospital rounds, and recording progress notes and orders.
- Evaluating and managing emergencies under supervision.
- Following protocols or standing orders of the Physician.
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D. EVALUATION

The Preceptor is requested to conduct regular meetings to review the student’s performance in order to identify areas of clinical strengths and weakness. In so doing, the Preceptor and student should develop a plan to improve the areas of concern. The Preceptor will be asked to complete a formal end-of-rotation evaluation and assist in the assignment of a rotation grade. Also, the student will formally evaluate his/her experience during the clinical rotation.

Think Your Evaluation won’t be missed? NOT TRUE!

Do you ever think that one more student evaluation form is one piece of paper too many? Maybe you’ve thought of placing it in the circular file and forgetting about it. You may think that faculty members at the PA Program have more contact with students, so your evaluation form won’t be missed.

On most clinical rotations, community preceptors actually spend more time with an individual student than any other single faculty member.

That’s why your evaluation is crucial, not only to the grade but to the student’s understanding of what he or she did well or didn’t do well during the rotation.

Here are some tips for getting through the evaluations with the least amount of hassle:

- Do it right away, while your thoughts of the student are fresh; preferably, while the student is still with you. If you do, you can allow students to clarify any questions and give them the opportunity to use your feedback right away, in their next clinical experiences.

- Review the form with the Clinical Coordinator, and discuss any areas of concern. The program is aware that the format is not ideal for every situation. Don’t let this prevent your evaluation of the student. You can always add a free text note at the end of the form, and we encourage you to do so. The comments are the most informative part of each evaluation.

- By now, most of you have had a number of students in your office and that experience gives you a baseline against which you can evaluate each student. Certain expected behaviors are equated with each level of performance. If you need clarification, please contact the Clinical Coordinator.

- Look at feedback to the student as a way to help him/her identify what he/she does well, and what areas need improvement.

- You may mail the student evaluation forms in the stamped enclosed envelopes provided by the PA Program, or you may send it with the student. It is quite permissible to discuss the evaluation in person with the student, but it is not mandatory to do so. It is up to you to decide.

E. HOSPITAL PRIVILEGES

Some hospitals require that the sponsoring physician obtain privileges for the student before he/she begins clinical experience at the facility. If this is required, the Preceptor should contact the program, in advance of the arrival of the student, in order for the necessary paperwork to be sent to the Preceptor and/or the sponsoring hospital, to allow the student to obtain the appropriate credentials prior to beginning the rotation.
Section III: SUGGESTIONS ON HOW TO BE AN EFFECTIVE PRECEPTOR

Don’t feel you have to give an entire lecture to the student.

Allow the student to go into the exam room, take a history, and perform a physical exam, then allow the student to present the findings to you.

Don’t feel you have to jump in so quickly to reply to fill in the silences.

Avoid asking a lot of questions of the student (Avoid “grilling” the student.)

Be specific with positive feedback (i.e. “You did a good job with the physical exam but…”)

Don’t give feedback to the student in front of the patient.

Don’t create embarrassment for the student.

Ask the student to critique him/herself.

You can say to the student, “Here’s how we can do it better”, “This is what I want you to take home with you”.

Develop an ongoing and continuous feedback with the student based on clear expectations that will result in fair evaluations (what are the student’s strengths, weaknesses, etc.)

Set up daily or weekly meetings with the student to discuss his/her performance.
Section IV

THE ONE MINUTE PRECEPTOR
A Method for Efficient Evaluation and Feedback

The one-minute preceptor is a strategy for efficiently structuring an interaction with a learner. It consists of the following steps:

1. **Get a learner commitment**
   - So, what do you think is going on with this patient?
   - How would you suggest we treat this patient?
   - Why do you think the patient came today?
   - What would you like to accomplish on this visit?

2. **Probe for supportive findings/evaluate the thinking leading to that commitment**
   - How did you reach that conclusion?
   - What makes you…?
   - What findings support your diagnosis?
   - What else did you consider?

3. **Reinforce what was correct/give positive feedback**
   - I agree with your interpretation
   - I am pleased that you included…that aspect of the physical exam.
   - I appreciate your consideration of the patient’s financial situation in prescribing…

4. **Constructive guidance about errors or omissions/give negative feedback**
   - I disagree with…the scope of your differential diagnosis.
   - What else do you think you might have included?
   - Including the abdominal exam would have been important…
   - A more efficient way to…

5. **Teach a general principle/clarify the “take home” lesson**
   - So, in general, it’s important to remember…
   - It is always important to think about…
   - In general taking a little extra time…
   - Why don’t you read up on this tonight and report back tomorrow…

We hope you will refer often to The One-Minute Preceptor. Doing so will enable you to be an effective Preceptor. You, your patients, and our students will benefit from this timely and proven effective method of teaching clinical students. Our sincere thanks to you, your staff, and your patients, who are our students’ most important teachers.
Clinical Rotation Schedule
2012-2013

<table>
<thead>
<tr>
<th>Fall Semester 2012</th>
<th>End of Rotation Date</th>
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<tbody>
<tr>
<td>Rotation I</td>
<td>11/21/12</td>
</tr>
<tr>
<td>Rotation II</td>
<td>12/21/12</td>
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<tr>
<td></td>
<td>Winter Break 12/21/12-06/13</td>
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<table>
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<tr>
<th>Spring Semester 2013</th>
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<tbody>
<tr>
<td>Rotation III</td>
<td>02/01/13</td>
</tr>
<tr>
<td>Rotation IV</td>
<td>03/01/13</td>
</tr>
<tr>
<td>Rotation V</td>
<td>03/28/13</td>
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<tr>
<td>Rotation VI</td>
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<tbody>
<tr>
<td>Rotation VII</td>
<td>05/24/13</td>
</tr>
<tr>
<td></td>
<td>AAPA Conference</td>
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<tr>
<td></td>
<td>05/27/13-05/31/13</td>
</tr>
<tr>
<td>Rotation VIII</td>
<td>06/28/13</td>
</tr>
<tr>
<td>Rotation IX</td>
<td>07/26/13</td>
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<tr>
<td>Rotation X</td>
<td>08/23/13</td>
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<table>
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<tbody>
<tr>
<td>Rotation XI</td>
<td>09/20/13</td>
</tr>
<tr>
<td></td>
<td>Packrat (tentative)</td>
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<tr>
<td>Rotation XII</td>
<td>10/18/13</td>
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<tr>
<td>Comprehensive exams</td>
<td>Fall Break</td>
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<td>Preceptorship/Elective (4weeks)</td>
<td>PANCE Review Location TBD</td>
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<td>Methodist University Review</td>
<td>11/25/13-12/1/2013</td>
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<td>Graduation Prep</td>
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<tr>
<td>PANCE Exam</td>
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<tr>
<td>GRADUATION</td>
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Note: The dates of individual events are subject to change during the clinical year.