

**HARDIN-SIMMONS**  
UNIVERSITY  
**PHYSICIAN ASSISTANT PROGRAM**

## **Clinical Preceptor Handbook**



**Hardin-Simmons University Physician Assistant Program**

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## Accreditation Status

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interest of the public and PA profession by defining the standard for the PA education and evaluating PA education Programs within the territorial United States to ensure their compliance with those standards. The ARC-PA encourages excellence in PA education through its accreditation process, by establishing and maintaining minimum standards of quality for educational Programs. It awards accreditation to Programs through a peer review process that includes documentation and periodic site visit evaluation to substantiate compliance with the Accreditation Standards for Physician Assistant Education.

Source: [www.arc-pa.org](http://www.arc-pa.org)

The ARC-PA has granted **Accreditation-Provisional** status to the **Hardin-Simmons University Physician Assistant Program** sponsored by **Hardin-Simmons University**.

Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA Standards or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

Additionally, Hardin-Simmons University is accredited by the regional accreditor the Commission on Colleges of the Southern Association of Colleges and Schools (SACSCOC) who has reviewed and approved the addition of the Physician Assistant Program.

## **Introduction**

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

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

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

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

## **Physician Assistant Competencies**

“The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.” (NCCPA)

## **Definition of the Preceptor Role**

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student and, through guidance and teaching, will help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

## **Preceptor Responsibilities**

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

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

## **The Preceptor-Student Relationship**

The preceptor should maintain a professional relationship with the PA student and, at all times, adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the Director of Clinical Education regarding specific school or university policies regarding this issue.

## **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, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional *site-specific* HIPAA training, if needed.

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

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

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation -in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. In addition, if students anticipate missing clinical time for personal reasons, they are required to alert the Director of Clinical Education well in advance of the clinic absence.

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

### **Preparing Staff**

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

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

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

### **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, or PA who will serve as the student’s preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or



may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the 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 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 must be clearly identified as a PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

### **Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. 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.

### **Medicare Policy**

Medicare reimbursement requires limited student participation in regards to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

### **Prescription Writing**

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

### **Expected Progression of PA student**

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

### **Student Evaluation**

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses so as to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important and will comprise 35% of the total grade for the rotation. 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 remediation specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty. The program will designate how often evaluations need to be completed.

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

Please contact the Director of Clinical Education for specific evaluation forms and policies, in accordance with the student handbook.

### **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 contact the Director of Clinical Education for specific policies regarding student evaluation.

### **Student Responsibilities**

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

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

### **Standards of Professional Conduct**

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

- Respect
- Flexibility

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

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the physician assistant program.

If preceptors observe any concerns about a student's professionalism, please contact the Director of Clinical Education immediately.

### **Specific Program Policies**

Please refer to the links below for program-specific policies on the following:

- Drugs and alcohol
- Timeliness and lateness
- Needle stick procedure
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check
- Drug testing
- Sexual harassment and assault resources

<http://www.hsutx.edu/includes/publications/studenthandbook/>

[https://www.hsutx.edu/uploadedFiles/Pages/academics/Holland\\_School\\_of\\_Sciences\\_and\\_Mathematics/graduate/physician\\_assistant/student\\_handbook\\_updated\\_february2018\(1\).pdf](https://www.hsutx.edu/uploadedFiles/Pages/academics/Holland_School_of_Sciences_and_Mathematics/graduate/physician_assistant/student_handbook_updated_february2018(1).pdf)

Please also refer to Appendix A for specific policies regarding infectious disease and environmental exposure.

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>

## **Clinical Site Visit**

Site visits by the Director of Clinical Education, other PA program faculty, or their designee may be scheduled periodically during the clinical rotation year as deemed necessary by the Program or the clinical site.

The student will be counseled concerning his/her strengths and weaknesses in an effort to guide improvement. Poor performance or other areas of serious concerns will be considered on an individual basis, taking into consideration such things as (but not limited to) point of occurrence in the rotation year, amount, or lack of progress since the last evaluation, previous performance, nature of discipline, attendance, etc. If deficiencies are noted, a remediation plan will be formulated with the student. The student may also be referred to the HSU PA Remediation Committee if deemed necessary by the site visitor.

## **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 Director of Clinical Education. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the Director of Clinical Education. 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.

## **Liability Insurance**

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

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

### **Program Description/Mission Statement**

The Hardin-Simmons University PA Program is dedicated to academic excellence in medical education. Our mission is to develop compassionate PA leaders who are committed to lifelong learning and community service. Working together as part of a greater healthcare team, our graduates will deliver exceptional healthcare to patients in West Texas and worldwide.

### **HSU PA Learning Outcomes**

Hardin-Simmons University PA Program set forth to define expected PA student intellectual and technical competencies and outcomes early in the planning process. The Program researched PA competencies required for practice as well as educational competencies of other PA Programs nationwide when defining expectations for its Program students. The Program Director and Principal Faculty held a formal meeting to define these expected PA student intellectual and technical competencies and outcomes and included staff for balance of input. The department personnel wanted to more succinctly state Program defined learning outcomes based on AAPA competencies for the profession.

At the completion of the Program, students are expected to achieve the following overall broad learning outcomes:

- 1) Demonstrate knowledge and skills required to integrate and apply basic medical sciences to care for patients across the lifespan in diverse clinical settings.
- 2) Perform excellent histories and physical examinations to collect patient data related to health and interpret findings.
- 3) Demonstrate a broad, systems-based knowledge of clinical medicine in formulating differential diagnoses and treatment plans for patients.
- 4) Order or carry out accurate and appropriate care plans and interventions for patients in preventive, acute, chronic, emergent, surgical, and end-of-life settings.
- 5) Interpret diagnostic and laboratory findings appropriate for primary care settings.
- 6) Critically appraise medical literature that is evidence-based for continuous practice quality enhancement.

- 7) Display understanding of historical, legal, regulatory, and policy related professional issues related to the PA profession.
- 8) Communicate effectively and therapeutically with patients and families with regards to test results, care plans, and health-related findings in a culturally sensitive manner.
- 9) Perform basic diagnostic procedures needed for the evaluation and treatment of a patient in the desired PA practice area.
- 10) Demonstrate awareness of and ability to collaborate effectively with and contribute to high functioning interprofessional healthcare teams to improve patient care.
- 11) Apply knowledge of responsible prescribing practices for patient care and safety including display of comprehension of indications, contraindications, side effects, interactions, and adverse reactions related to pharmacologic agents and other treatments.
- 12) Demonstrate respect, compassion, and empathy for patients as a medical professional through ethically sound therapeutic patient relationships.
- 13) Serve the community and humanity through ongoing volunteer acts and leadership.
- 14) Exhibit excellence in all actions with a commitment to lifelong learning, self-assessment, and performance improvement.
- 15) Understand, evaluate, and apply information regarding disease etiology, risk factors, epidemiology, and screening methods to detect conditions in symptomatic and asymptomatic individuals.

## **Preceptor Development**

Tools specific to each of the preceptor topics listed below can be found in the electronic copy of this handbook, which can be accessed on the PAEA website at:

<http://paeaonline.org/publications/preceptor-handbook/>, pages 13-15 under Preceptors and also under Faculty Resources.

- A. Integrating the Student into a Busy Practice
  - The Model Wave Schedule
  - Integrating the Learner into the Busy Office Practice
  - Time-Efficient Preceptors in Ambulatory Care Settings
- B. Evaluation and Teaching Strategies
  - Evaluation Using the GRADE Strategy
  - The One-Minute Preceptor
  - Feedback and Reflection: Teaching Methods for Clinical Settings
  - Characteristics of Effective Clinical Teachers
- C. Providing Effective Feedback
  - Getting Beyond “Good Job”: How to Give Effective Feedback
  - Feedback in Clinical Medical Education
  - Feedback: An Educational Model for Community-Based Teachers
- D. Managing Difficult Learning Situations
  - Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
- E. Provide Difficult Feedback: TIPS for the Problem Learner Developing Expectations
  - Setting Expectations: An Educational Monograph for Community-Based Teachers
- F. Conflict Resolution
  - Aspects of Conflict Resolution



## **Acknowledgements**

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Eastern Virginia Medical School Physician Assistant Program

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Loma Linda University Physician Assistant Program

Medical University of South Carolina Physician Assistant Program

Nova Southeastern Physician Assistant Program

Pace University Physician Assistant Program

University of Utah Physician Assistant Program

Yale University School of Medicine

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# ARC-PA Standards

## ARC-PA standard A3.03

Students *must* not be required to provide or solicit clinical sites or *preceptors*. The program *must* coordinate clinical sites and *preceptors* for program *required rotations*.

ANNOTATION: Coordinating clinical practice experiences involves identifying, contacting and evaluating sites and *preceptors* for suitability as a *required* or *elective rotation* experience. Students may make suggestions to *principal faculty* for sites and *preceptors* but are not required to do so. Student suggested sites and *preceptors* are to be reviewed, evaluated and approved for educational suitability by the program.

A3.04 PA students *must* not be required to work for the program.

A3.05 Students *must* not substitute for or function as *instructional faculty*.

ANNOTATION: Students with specific prior knowledge, experiences and skills may assist faculty in didactic and laboratory sessions to share their knowledge and skills. Students are not to be the primary instructor or instructor of record for any component of the curriculum.

A3.06 Students *must* not substitute for clinical or administrative staff during *supervised clinical practical experiences*.

A3.07 The program *must* have and implement a policy on immunization of students and such policy *must* be based on current Centers for Disease Control recommendations for health professionals.

ANNOTATION: Programs offering *rotations* at international sites are expected to have policies that include information on CDC recommendations for international travel.

A3.08 The program *must* inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk.

ANNOTATION: Policies related to infectious and environmental hazards are expected to address methods of prevention; procedures for care and treatment after exposure, including definition of financial responsibility; and the effects of infectious and environmental disease or disability on student learning activities.

A3.09 *Principal faculty*, the program director and the medical director *must* not participate as health care providers for students in the program.

This policy can be found on page 68 in the Student Handbook. It states:

PA Program principal faculty, the Program Director, and the Medical Director will not participate as health care providers for students in the Program. In the event of an emergency situation, it is acceptable for any of the above to provide emergency care within the scope of his/her practice until licensed emergency personnel arrives.

## Appendix A



### **INFECTIOUS DISEASE / ENVIRONMENTAL EXPOSURE/INJURY:**

The Hardin-Simmons University Department of Physician Assistant Studies has a commitment to protect the health and well-being of students, faculty, staff, and patients. As part of their training, students may encounter exposure to infectious and environmental hazards. This may include being exposed to human donors and preservative chemicals such as formaldehyde in the anatomy lab, latex or other products such as gloves that may contain allergens, and exposure to communicable infectious disease which may be transferred via airborne, mucous membrane splashes or needle-stick exposures in the clinical setting. While the risk of transmission is small, the Program has a number of policies and procedures in place to minimize risk.

It is the policy of the Hardin-Simmons University, Physician Assistant Program to follow the guidelines and recommendations made by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) regarding STANDARD PRECAUTIONS. Before beginning any clinical education experience through the HSU Physician Assistant Program, students must receive training regarding CDC STANDARD PRECAUTIONS.

#### **Standard Precautions**

Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes may contain transmissible infectious agents.

Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These practices include:

1. Hand hygiene
2. The use of personal protective equipment (PPE)

In addition to Standard Precautions, students will receive training in the three categories of Transmission-Based Precautions:

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.

Students may access details of this information at any time at the following website:

[http://www.cdc.gov/hicpac/2007IP/2007ip\\_part4.html](http://www.cdc.gov/hicpac/2007IP/2007ip_part4.html)

### **Exposure to Blood Borne Pathogens:**

Strict adherence to STANDARD PRECAUTIONS and other infection control measures should prevent a student's exposure to blood borne pathogens. Should a student sustain a possible exposure (including a needle stick injury) to blood borne pathogens during a clinical training experience, the student is responsible for immediately notifying their supervisor, instructor, preceptor, or department manager. The student should then follow the steps outlined in the section titled "Post-Exposure Procedure" and "Student Injuries or Exposures". Exposure is defined as a demonstrated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.

**Follow this protocol IMMEDIATELY if you are experience a needlestick injury or are exposed to blood/bodily fluids while on your rotations:**

1. **Aggressive local wound care** to the site of exposure should be initiated immediately. Percutaneous wounds should be expressed to promote bleeding. The site should be cleansed thoroughly with soap and water for at least 15 minutes using a surgical hand brush when possible. It may be beneficial to use an antiseptic such as chlorhexidine gluconate (Foam Carer CHG), an iodophor (EZ Scrub, Betadine), or Dakins solution (dilute 1:9 buffered sodium hypochlorite). Difficult to scrub areas should be soaked in chlorhexidine gluconate (Foam Carer CHG) or other antiseptic. Non-intact skin should be cleansed with soap and water for at least 15 minutes. It may be beneficial to use an antiseptic as described above. Mucous membrane exposures (e.g., eye splashes) should be irrigated thoroughly for at least 15 minutes with saline or tap water using the nearest eye washing station (or faucet if none available).
2. **The incident MUST be reported immediately** to the preceptor and/or department manager.
3. Student should seek **immediate** medical care at the nearest Emergency Room. Do not wait until the end of your shift. Students are responsible for all medical expenses related to a bodily fluid exposure.
4. Finally, the student must notify the Director of Clinical Education or if unavailable, the Clinical Administrative Coordinator or Program Director. In addition, the HSU Physician Assistant Program incident form must be completed and sent to the Program. (This form is located at the back of the handbook; Appendix D).

<https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

## **Student Injuries**

Incidents involving an injury to a student (such as a fall, or other accidental injury) during a clinical education experience will follow a similar protocol.

1. The injury should be reported to the student's supervisor, instructor, preceptor, or department manager.
2. Students should report to the nearest Emergency Room for treatment.
3. The Program should be notified as soon as it is possible to do so. The student must notify Barbara Quillin, PA-C, Director of Clinical Education or if unavailable, the Clinical Administrative Coordinator. In addition, the HSU Physician Assistant Program incident form, must be completed and sent to the HSU Physician Assistant Program.

If a potentially infectious exposure occurs, do not allow feelings of embarrassment, a large workload, or misplaced peer pressures prevent you from reporting the event immediately. Needle sticks and other exposures can be life-threatening. Responsible healthcare providers recognize that unintentional injuries and occupational exposures may occur and must be evaluated by competent, objective, and experienced medical professionals.

### **IMPORTANT:**

All charges incurred by PA students for physician visits, labs or x-ray studies, and prescribed medications related to an injury, needle stick; blood or body fluid exposures are the student's responsibility. **Students must maintain health insurance throughout their educational experience at the Hardin-Simmons University Physician Assistant Program. All medical or healthcare services (emergency or otherwise) that the student receives or requires are the student's responsibility and are at the student's expense.**



# Appendix B



## Hardin-Simmons University Physician Assistant Program Clinical Preceptor Handbook Acknowledgement

I, \_\_\_\_\_, have read the information contained within the Hardin-Simmons University Physician Assistant Preceptor Handbook. I understand my obligation to successfully complete all rotation requirements in the outlined time frame.

I fully understand this information and hereby agree to abide by the Physician Assistant program policies contained within the Hardin-Simmons University Physician Assistant Program Preceptor Handbook. Additionally, I agree to abide by all rules and regulations as set forth in the Hardin-Simmons University Physician Assistant Program Student Handbook.

I understand that the Physician Assistant program reserves the right to make the final rotation assignment for each rotation. The program also reserves the right to make changes in any student's rotation schedule based on performance or availability of rotation sites. Each student must successfully complete all components of each rotation in order to progress in rotations and subsequently graduate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Appendix C



## **Preceptor Guide for Tracking PA Student Competency and Progression During the Clinical Year**

### **Description of “Competent” for Preceptor Mid-Rotation Evaluation**

#### **Medical Skills**

(Rotations 1-3)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with assistance/guidance. Frequent feedback may be necessary to promote learning and skill set improvement.

(Rotations 4-6)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with only occasional guidance/assistance. Some feedback may be necessary to promote learning and skill set improvement.

(Rotations 7-9)

Student should take initiative and seek out opportunity to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with little guidance/assistance. Minimal feedback may be necessary to promote learning and skill set improvement.

#### **Communication Skills**

(Rotations 1-3)

Student generally should be able to communicate appropriately with patient, families and colleagues in a reliable, collegial, and responsible manner. May need assistance/guidance in more difficult/stressful situations. Patient sensitivity should be demonstrated, may need some guidance in fully understanding how patient sensitivity issues affect quality of patient care. Student should show beginning ability to provide quality care across a lifespan with guidance. Empathy and compassion should be demonstrated.

(Rotations 4-6)

Student should be able to communicate appropriately with patient, families and colleagues in a reliable, collegial and responsible manner in the majority of situations. Student needs less guidance/assistance with more difficult/stressful situations. Patient sensitivity should be demonstrated and student shows understanding of how patient sensitivity issues affect quality of patient care. Student should be developing ability to provide quality care across a lifespan with occasional guidance. Empathy and compassion should be demonstrated consistently.

(Rotations 7-9)

Student is consistently able to communicate appropriately with patient, families and colleagues in a reliable, collegial and responsible manner. Student needs minimal guidance with more difficult/stressful situations. Patient sensitivity should be demonstrated and student shows understanding of how patient sensitivity issues affect quality of patient care. Student should be beginning to provide quality care across a lifespan with occasional guidance. Empathy and compassion is consistently evident in all interactions.

### **Personal/Professional Skills**

(Rotations 1-3)

Student should demonstrate basic knowledge of ethical principles, may need guidance when applying to patient care. Self-awareness of personal limitations should be recognized however may need guidance recognizing self-awareness of professional limitations. Student should show willingness to work collaboratively and show beginning level of understanding of other healthcare professional roles. Student should be on time, dressed appropriately, reliable, responsible and demonstrate acceptable time management skills.

(Rotations 4-6)

Student should show understanding of ethical principles and ability to apply them to patient care. May need some guidance with more difficult/complex cases. Self-awareness of personal limitations are recognized. Student is able to recognize professional limitations with minimal guidance. Student shows developing ability to work collaboratively and has some understanding other healthcare professional roles. Student should be on time, dressed appropriately, reliable, responsible and demonstrate acceptable time management skills.

(Rotations 7-9)

Student demonstrates understanding of ethical principles and consistent ability to apply them to patient care. May need some guidance with more difficult/complex cases. Self-awareness of personal limitations are recognized. Student is able to recognize professional limitations and seeks consultation appropriately. Student shows ability to work collaboratively and understands other healthcare professional roles. Student is on time, dressed appropriately, reliable, responsible and demonstrates acceptable time management skills.

# Appendix D



**HARDIN-SIMMONS**  
UNIVERSITY  
PHYSICIAN ASSISTANT PROGRAM

## Mid-Rotation Evaluation

Student Name: \_\_\_\_\_

Rotation #: Please circle one: 1 2 3 4 5 6 7 8 9 10

Evaluator: \_\_\_\_\_

Clinical Rotation Type (Circle):

Women's Health

Pediatrics

Family Medicine

Internal Medicine

Surgery

Emergency Medicine

Mental Health

Elective/Other

## Preceptor Evaluation of Student Preparation for Clinical Rotations

Please evaluate your student's **preparation** for clinical rotations by checking the boxes below:

	Exceptional	Exceeds Expectations	Meets Expectations	Minimally Meets Expectations	Does Not Meet Expectations
Knowledge and Technical Skills					
Clinical Reasoning					
Interpersonal					
Professionalism					

Now, please evaluate the student based on their **progress during the current rotation** (preferably at the end of week two or the beginning of week three):

	Outstanding	Competent	Average	Needs Improvement	Unsatisfactory
Knowledge and Technical Skills					

<b>Clinical Reasoning</b>					
<b>Interpersonal</b>					
<b>Professionalism</b>					

**Has the student been prompt and present as scheduled? YES NO**

**Preceptor's Signature:** \_\_\_\_\_

**Student signature:** \_\_\_\_\_

**General Comments and remarks:**

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**Thank you for your feedback.**

# Appendix E



## Preceptor Guide for Tracking PA Student Competency and Progression During the Clinical Year

### Preceptor Guide for End-of-Rotation Evaluation

#### **Knowledge and Skills**

##### **Basic and Medical Science Knowledge**

(Rotations 1-3)

Student should demonstrate adequate knowledge base related to clinical rotation. They should be able to research and study any area of weakness (self-identified or preceptor identified) and report back to preceptor in a timely manner. They may need some assistance integrating knowledge base into patient care.

(Rotations 4-6)

Student should demonstrate a good knowledge base related to clinical rotation. Self-identifies areas of knowledge deficit and takes initiative with self-study, requesting clarification from preceptor when necessary. Student is beginning to integrate knowledge base into patient care with minimal assistance.

(Rotations 7-9)

Student should demonstrate a good knowledge base related to clinical rotation. Takes initiative with fortifying knowledge, prepares with self-directed study for upcoming patients when possible, and further investigates topics of interest. Student shows consistent ability to integrate knowledge base into patient care.

##### **History**

(Rotations 1-3)

Student should be able to obtain a history that is generally accurate. May miss some information on more complex patients. Key problems should be able to be identified, but may need some assistance especially in complex cases. Student may need guidance and feedback with organization and questioning technique. Student should show a beginner's level of sensitivity to patient and recognize/respond to nonverbal cues.

(Rotations 4-6)

Student should be able to obtain a history that is generally accurate and more detailed. Rarely misses critical information and able to identify key problems with less assistance. Organization and questioning techniques are good and only occasionally need guidance. Student shows patient sensitivity as well as recognizes and responds to nonverbal cues.

(Rotations 7-9)

Student should consistently obtain an accurate and detailed history. Rarely misses critical information and identifies key problems regularly. Organization and questioning techniques are good. Student consistently shows patient sensitivity as well as recognizes and responds to nonverbal cues. In general, history taking occurs efficiently, accurately and with minimal guidance.

### **Physical Exam**

(Rotations 1-3)

Basic examination techniques are demonstrated, but may need guidance with more advanced exam techniques. History and physical usually are linked appropriately. Student should be able to identify gross abnormalities and pertinent normal findings. May need some feedback and guidance to fine tune some exam skills.

(Rotations 4-6)

Proficient examination techniques are demonstrated. Beginning proficiency with more advanced exam techniques should occur with guidance. History and physical are linked appropriately, with the appropriate exam performed most of the time. Abnormal findings and pertinent normal findings are identified consistently. Student beginning to identify more subtle abnormal findings.

(Rotations 7-9)

Mastery of basic physical examination techniques is demonstrated. Proficiency with more advanced exam techniques with minimal guidance. Consistently links history and appropriate physical appropriately. Abnormal findings and pertinent normal findings are identified consistently. Student shows ability to identify more subtle abnormal findings.

### **Medical Decision Making: Differential diagnosis, Interpretation of Diagnostic Studies, Developing and implementing treatment plans**

(Rotations 1-3)

Student should be able to list at least 3 differential diagnoses, often with the ability to correctly identify the most likely. Clinical reasoning ability should be at a beginner's level and may need frequent feedback to further develop. Is able to select and interpreting appropriate diagnostic tests and develop treatment plans/interventions with assistance. In general, student should demonstrate beginning critical thinking skills to integrate clinical information and medical science knowledge to arrive at the most likely diagnosis.

(Rotations 4-6)

Student should be able to develop a more detailed differential diagnosis with one being the most likely. Clinical reasoning ability is appropriate and developing, may need occasional guidance at times. Appropriate ordering and interpretation of diagnostic tests, treatment plans/interventions are developed with less assistance. In general, student should demonstrate good critical thinking skills to integrate clinical information and medical science knowledge to frequently arriving at the most likely diagnosis.

(Rotations 7-9)

Student is able to consistently create a well-developed differential diagnosis accurately identifying the most likely. Clinical reasoning ability is appropriate and developing requiring less guidance. Appropriate ordering, interpreting diagnostic tests, treatment plans/interventions are developed with minimal assistance. In general, student should demonstrate solid critical thinking skills to integrate clinical information and medical science knowledge to arrive at the most likely diagnosis.

### **Written and Oral Presentations**

(Rotations 1-3)

Student may show developing efficiency in this area. Written and oral presentations are usually complete, however student may need frequent feedback and guidance to improve organization, conciseness, and clarity.

(Rotations 4-6)

Student should show increasing efficiency in this area. Written and oral presentations should be complete, organized, and clear. May need some feedback to continue to improve conciseness.

(Rotations 7-9)

Student shows proficiency in this area. Written and oral presentations are consistently complete, organized, and clear. Minimal feedback required to continue to improve conciseness.

### **Technical/Procedural Skills**

(Rotations 1-3)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with assistance/guidance. Frequent feedback may be necessary to promote learning and skill set improvement.

(Rotations 4-6)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with only occasional guidance/assistance. Some feedback may be necessary to promote learning and skill set improvement.



(Rotations 7-9)

Student should take initiative and seek out opportunity to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with little guidance/assistance. Minimal feedback may be necessary to promote learning and skill set improvement.

## **Behavioral**

### **Personal/Professional Skills: Attendance, Professional Appearance/Demeanor, Work Habits, Motivation/Attitude, Ethics**

(Rotations 1-3)

Student should demonstrate basic knowledge of ethical principles, may need guidance when applying to patient care. Self-awareness of personal limitations should be recognized however may need guidance recognizing self-awareness of professional limitations. Student should show willingness to work collaboratively and show beginning level of understanding of other healthcare professional roles. Student should be on time, dressed appropriately, reliable, responsible and demonstrate acceptable time management skills.

(Rotations 4-6)

Student should show understanding of ethical principles and ability to apply them to patient care. May need some guidance with more difficult/complex cases. Self-awareness of personal limitations are recognized. Student is able to recognize professional limitations with minimal guidance. Student shows developing ability to work collaboratively and has some understanding other healthcare professional roles. Student should be on time, dressed appropriately, reliable, responsible and demonstrate acceptable time management skills.

(Rotations 7-9)

Student demonstrates understanding of ethical principles and consistent ability to apply them to patient care. May need some guidance with more difficult/complex cases. Self-awareness of personal limitations are recognized. Student is able to recognize professional limitations and seeks consultation appropriately. Student shows ability to work collaboratively and understands other healthcare professional roles. Student is on time, dressed appropriately, reliable, responsible and demonstrates acceptable time management skills.

### **Knowledge of Healthcare System: Understanding Provider Role, Interpersonal Skills**

(Rotations 1-3)

Student should demonstrate a basic understanding of the healthcare system in terms of the role of PAs and other healthcare professionals. May need guidance in understanding and recognizing legal and regulatory requirements placed upon the System.

(Rotations 4-6)

Student shows increasing understanding of the healthcare system in terms of the role of PAs and other healthcare professionals. Student is beginning to understand and recognize legal and regulatory requirements placed upon the System with less guidance.

(Rotations 7-9)

Student should have a good understanding of the healthcare system in terms of the role of PAs and other healthcare professional. Student has a solid understanding and recognizes legal and regulatory requirements placed upon the System with minimal guidance and takes these into consideration in providing care. Student interacts appropriately within the healthcare team and consistently recognizes his/her role as it relates to other members of the team.

### **Communication Skills: Patient/Family Interactions, PA/Provider Interactions**

(Rotations 1-3)

Student generally should be able to communicate appropriately with patient, families and colleagues in a reliable, collegial, and responsible manner. May need assistance/guidance in more difficult/stressful situations. Should be open to constructive criticism in patient and provider interactions. Patient sensitivity should be demonstrated, may need some guidance in fully understanding how patient sensitivity issues affect quality of patient care. Student should show beginning ability to provide quality care across a lifespan with guidance. Empathy and compassion should be demonstrated.

(Rotations 4-6)

Student should be able to communicate appropriately with patient, families and colleagues in a reliable, collegial and responsible manner in the majority of situations. Student needs less guidance/assistance with more difficult/stressful situations. Able to understand deficiencies and responds well to constructive criticism in patient/provider interactions. Patient sensitivity should be demonstrated and student shows understanding of how patient sensitivity issues affect quality of patient care. Student should be developing ability to provide quality care across a lifespan with occasional guidance. Empathy and compassion should be demonstrated consistently.

(Rotations 7-9)

Student is consistently able to communicate appropriately with patient, families and colleagues in a reliable, collegial and responsible manner. Student needs minimal guidance with more difficult/stressful situations. Consistently incorporates constructive criticism into practice and future patient/provider interactions. Patient sensitivity should be demonstrated and student shows understanding of how patient sensitivity issues affect quality of patient care. Student should be beginning to provide quality care across a lifespan with occasional guidance. Empathy and compassion is consistently evident in all interactions.

# Appendix F



**HARDIN-SIMMONS**  
 UNIVERSITY  
 PHYSICIAN ASSISTANT PROGRAM

## Final Preceptor Evaluation of Student

2200 Hickory Street | Abilene, Texas 79698  
 Phone: (325) 670-1702 | Fax: (325) 670-1455

Student Name: \_\_\_\_\_

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

Evaluator: \_\_\_\_\_

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

Clinical Rotation Type (Circle):

**Women's Health**

**Pediatrics**

**Family Medicine**

**Internal Medicine**

**Surgery**

**Emergency Medicine**

**Mental Health**

**Elective/Other**

\*For definitions of competency expectations please refer to the HSU Preceptor guide to assessing student competencies and the HSU PA program rotation specific competencies found in each rotation syllabus.

1. Please evaluate the HSU PA student's competency providing care to patient during the clinical rotation in the following types of encounters (B3.02):

	Exceptional 100%	Exceeds Expectations 90%	Meets Expectations 80%	Minimally Meets Expectations 70%	Does Not Meet Expectations <70%	Not Applicable
<b>Preventive</b>						
<b>Emergent</b>						
<b>Acute</b>						
<b>Chronic</b>						

2. Please evaluate the HSU PA student's competency providing medical care to patients across the lifespan in the following areas (B3.03):

	Exceptional 100%	Exceeds Expectations 90%	Meets Expectations 80%	Minimally Meets Expectations 70%	Does Not Meet Expectations <70%	Not Applicable
<b>Infants</b>						
<b>Children</b>						
<b>Adolescents</b>						
<b>Adults</b>						
<b>Elderly</b>						

3. Please evaluate the HSU PA student's competency in providing medical care to patients seeking the following types of care:

	Exceptional 100%	Exceeds Expectations 90%	Meets Expectations 80%	Minimally Meets Expectations 70%	Does Not Meet Expectations <70%	Not Applicable
<b>Prenatal</b>						
<b>Gynecologic</b>						
<b>Pre-operative</b>						
<b>Intra-operative</b>						
<b>Post-operative</b>						
<b>Mental health</b>						

4. Please evaluate the HSU PA student competencies in the following areas based upon your direct observation and training during the clinical rotation.

*\*Use the guidelines outlined in the preceptor handbook, syllabi, and competency benchmark guide.*

KNOWLEDGE AND TECHNICAL SKILLS	Exceptional 100%	Exceeds Expectations 90%	Meets Expectations 80%	Minimally Meets Expectations 70%	Does Not Meet Expectations <69%
<b>*Basic medical knowledge:</b> readily able to recall a broad base of knowledge and relate it to cases consistently.					
<b>*Medical history:</b> consistently comprehensive, accurate and precise; elicits important information and identifies findings important to each patient.					
<b>*Physical exam:</b> thorough and precise; able to do adequate exam even for difficult cases					
<b>*Interpretation of Diagnostic Studies:</b> Recommendations for diagnostic studies are appropriate, insightful, and with good rationale for each study.					
<b>*Written communication/EMR:</b> charting is outstanding, consistency clear, concise, orderly, timely, and legible					
<b>*Technical Skills:</b> Refer to technical procedure checklist and assess student competency in performing clinical technical skills.					
<b>CLINICAL REASONING</b>					
<b>*Differential diagnosis/assessment:</b> consistently integrates data in a concise and thorough manner to derive substantive and accurate diagnosis and set priorities; able to problem-solve					
<b>*Developing/implementing treatment plans:</b> Consistently develops comprehensive plan, incorporating appropriate diagnostic tests, therapeutics, follow-up and patient education adapted appropriately					

for individual patients. Implements preceptor's instructions efficiently.					
<b>INTERPERSONAL SKILLS</b>					
<b>*Patient/Family interaction:</b> communicates effectively, easily establishes rapport with patient and family; demonstrates empathy; deals well with difficult patients/situations					
<b>*Understanding of provider role:</b> seeks preceptor's supervision appropriately					
<b>*Interdisciplinary interactions:</b> interacts well with other members of healthcare team, recognizing importance and role of collaboration in healthcare delivery.					

<b>BEHAVIORAL</b>	<b>Exceptional 100%</b>	<b>Exceeds Expectations 90%</b>	<b>Meets Expectations 80%</b>	<b>Minimally Meets Expectation 70%</b>	<b>Does Not Meet Expectations &lt;69%</b>
<b>*Attendance:</b> punctual, no absences					
<b>*Professional Appearance/Demeanor:</b> always appropriately dressed and groomed; respectful towards staff, patients, providers					
<b>*Work habits:</b> completes assignments/tasks provided					
<b>*Motivation/Attitude:</b> takes initiative, works enthusiastically					
<b>*Ethical:</b> recognizes the impact of moral issues and considers patient rights and applies them in patient care					
<b>*Responsiveness to constructive criticism:</b> incorporates suggestions successfully					

**Overall impression and assessment:** Please circle letter grade (based on HSU Preceptor and Student Guide for assessing Competency in the clinical year)

A- (90)	A (95)	A+ (100)	Exceptionally knowledgeable, professional, skillful, and competent
B- (80)	B (85)	B+ (89)	Generally knowledgeable, professional, skillful, and competent
C- (70)	C (75)	C+ (79)	Minimally knowledgeable, professional, skillful, and competent
Failure			Unacceptable performance and/or behavior, deficits and knowledge

**General Comments and remarks:**

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**5. In the future, if a PA position became available at your clinic, would you hire them?**

- a. Yes
- b. No

**Evaluator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_