



GEORGE FOX UNIVERSITY

Master of Medical Science (PA)

Preceptor Handbook

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INTRODUCTION

Thank you for your hard work and dedication in creating PA providers of tomorrow. As the clinical preceptor, you are the crux of this experience, allowing the PA student to take the next step and learn in a true patient-provider setting. Your supervision will promote student skills and clinical judgment necessary to become a practicing PA.

ARTICLE 1.0 MISSION, VISION, VALUES, AND GOALS (B1.01)

The Master of Medical Science (MMSc) PA Program exists to support the mission of George Fox University, which promotes community awareness and service. Therefore, the mission of the PA Program is to support and augment the mission of the University.

Article 1.1 Master of Medical Science Physician Assistant Program Mission Statement

The program develops well-informed, resilient, and compassionate PAs who provide patient-centered and service-oriented medical care in diverse environments.

Article 1.2 Master of Medical Science Physician Assistant Program Vision Statement

The program will transform healthcare through increased access, affordability and equity for the benefit of individuals and communities.

Article 1.3 Master of Medical Science Physician Assistant Program Core Values

- **Compassion:** Foster a commitment to Christian values, ethics and integrity in personal and professional service as a PA
- **Service:** Emphasize a servant-leadership lifestyle, which prepares graduates to serve in underserved communities, domestically and abroad
- **Leadership:** Promote professionalism, self-reflection, and advocacy for the profession
- **Knowledge:** Cultivate high-quality graduates committed to life-long learning, the application of critical thinking, and the analysis of research.

Article 1.4 Master of Medical Science Physician Assistant Program Core Goals

The MMSc PA program affirms its core values and vision as essential to fulfilling the program mission statement and is committed to attaining measurable graduate goals to include:

- PA employment as a primary care provider
- PA employment in underserved areas and/or populations
- PA volunteerism in local communities
- PA volunteerism in medical mission work at a national and/or international level

Article 1.5 George Fox University Mission

George Fox University, a Christ-centered community, prepares students spiritually, academically, and professionally to think with clarity, act with integrity, and serve with passion.

ARTICLE 2.0 PA GRADUATE COMPETENCIES AND OUTCOMES

The George Fox University Master of Medical Science (MMSc) PA Program seeks specific Graduate Competencies, as well as valid and reliable assessment of performance based on five categories (and outcomes for each). Graduate Competency categories include:

1. Medical knowledge (MK)
2. Interpersonal and communication skills (ICS)
3. Patient care and clinical problem solving (PC)
4. Technical skills (TS)
5. Professionalism (P)

<p>Medical Knowledge (MK)</p> <p>PAs must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, PAs are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Outcome expectations for this competency include:</p>
<p>MK1 – Demonstrate the ability to effectively recognize, assess, diagnose, and treat patients with a variety of problems to include preventive, emergent, acute, and chronic clinical practice of medicine</p>
<p>Interpersonal and Communication Skills (ICS)</p> <p>PAs must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients’ families, physicians, members of the healthcare team, and the healthcare system. Outcome expectations for this competency include:</p>
<p>ICS1 – Demonstrate knowledge and application of effective interpersonal, oral, and written communication skills necessary to elicit and record a medical history, explain and document diagnostic studies, and present an appropriate treatment plan</p>
<p>ICS2 – Communicate in a patient-centered and culturally responsive manner to accurately obtain, interpret and utilize information and implement a patient-centered management plan</p>
<p>Patient Care and Clinical Problem Solving (PC)</p> <p>PAs must demonstrate care that is effective, safe, high quality, and equitable; includes patient- and discipline-specific assessment, evaluation, and management. Outcome expectations for this competency include:</p>
<p>PC1 – Demonstrate the ability to perform a new or routine follow up physical exam</p>
<p>PC2 – Demonstrate the ability to effectively work within a patient centered healthcare team</p>
<p>PC3 – Demonstrate the ability to apply an evidence-based approach to the evaluation and management of patients</p>

<p>Technical Skills (TS)</p> <p>PAs must demonstrate the ability to obtain informed consent, perform clinical procedures common to primary care, and interpret diagnostic tests. Outcome expectations for this competency include:</p>
<p>TS – Demonstrate skills including but not limited to: venipuncture, intravenous access, injections, wound care, casting and splinting and interpretation of radiographic images, laboratory studies, and ECGs</p>
<p>Professionalism (P)</p> <p>Professionalism involves prioritizing the interests of those being served above one’s own while acknowledging their professional and personal limitations. Additionally, PAs must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Outcome expectations for this competency include:</p>
<p>P1 – Demonstrate professionalism in interactions with others including, but not limited to, patients, families, and colleagues</p>
<p>P2 – Demonstrate knowledge and application of an understanding of the PA role including ethical and professional standards regarding the PA profession</p>
<p>P3 – Demonstrate knowledge and application of intellectual honesty, academic integrity and professional conduct throughout the program</p>

ARTICLE 2.1 CARE FOR ALL COMMITMENT

The George Fox PA Program is committed to *Care for All* by training a culturally agile healthcare workforce designed to meet the needs of our diverse communities

- We commit to educating our students in all aspects of care to all patients, communities, and settings
- We commit to fostering a culture of compassion, service, leadership, and knowledge
- We commit to graduating health care providers that are respectful and responsive to the populations they serve
- We commit to graduate health care providers ready to serve in rural and medically underserved communities

ARTICLE 3.0 GENERAL GOALS OF THE CLINICAL YEAR

After a rigorous 12 month didactic phase, students begin their clinical training where they build upon the knowledge and skills taught during the didactic year. This occurs through Supervised Clinical Practice Experiences (SCPEs) across various clinical settings including (1) family medicine, (2) internal medicine, (3) emergency medicine, (4) surgery medicine, (5) pediatrics, (6) prenatal and gynecology, (7) psychiatry/mental health, and (8) electives. In general, clerkships should expose students to the following:

- Preventive, emergent, acute and chronic care across the life span to include infants, children, adolescents, adults, and the elderly

- Women's health to include prenatal and gynecologic care
- Surgical management (pre, intra, and post-operative)
- Behavior and mental health conditions

On the last Friday of each clerkship, students will return to the George Fox PA Program campus for assessments and educational activities. In some instances, students will attend via teleconference.

The **primary goal of each SCPE** is to establish a strong foundation in patient interaction and patient examination skills. Specifically, the purpose is to:

1. Provide the student an opportunity to learn and develop the principles and practice implemented by SCPE providers.
2. Expose the student to a representative sampling of patient exposures and encounters typical of the related SCPE clerkship.
3. Provide the student with opportunities to integrate and synthesize pre-clinical learning outcomes to the application of patient care as they develop the competencies and outcomes expected of graduates and required for entry into PA clinical practice.

ARTICLE 4.0 PRECEPTOR ROLE AND RESPONSIBILITIES

All SCPE preceptors work closely with the PA Program's Director of Clinical Education. With few exceptions, the Director of Clinical Education functions as the SCPE course director and deal with all issues related to the George Fox PA students during clinical rotations.

The following list outlines expectations of an SCPE preceptor and site. In some instances, the site affiliation agreement has adjusted these responsibilities, but generally, the following list of responsibilities apply.

Clinical Instruction. Clinical Sites and/or Preceptors provide or recognize the following:

- Provide student orientation, which addresses, at a minimum:
 - Appropriate dress code for rotation
 - Students may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised
 - Use and access to local resources including facilities, computers, and internet
 - Clinical site patient care practices including identifying which patients students are allowed to see
 - Safety issues including exposure to hazardous materials, exposure control, and procedures to be followed in event of exposure
 - Orientation to policies and procedures related to workplace and personal safety
 - Access to/use of patient health records and medical documentation policies and procedures
 - Student's schedule
- At rotation start, review the goals, learning objectives, and outcomes for the SCPE with the student and devise a plan for fulfillment of these.
- Provide students with opportunities to experience supervised direct patient care and clinical skills/procedural experiences.
- Provide early and frequent feedback to students regarding their clinical performance and ways they might improve their performance.
- Verify and document student achievement of technical skills competency if demonstrated during the rotation and verify completion on the Procedures Passport.
- Opportunities to write and give the student feedback on clinical notes (SOAPs, H&Ps, etc.)

- Complete the end-of-rotation Preceptor Evaluation of the student and return it to the program.
- Immediate notification of the program if/when:
 - Student behavior/performance is judged to create risk for the clinical site or its patients
 - The site determines it will be unable to provide a previously agreed upon student rotation/clinical experience.

During the halfway point of the Clinical Rotation, each SCPE Preceptor will be given the opportunity to notify the Program about a student who is not progressing in their clinical performance. The early alert system form is emailed to the Preceptor via the Exxat software system. Completion of the early alert system form notifies the Director of Clinical Education and a conversation about the Preceptor's concerns will result. Depending on the nature and extent of the Preceptor's concerns, the Director of Clinical Education may discuss the concern with the student's faculty advisor, the Program Director, or the Academic Progress and Professionalism committee for further recommendations.

Clinical Site Personnel. During clinical experience courses (SCPE) the George Fox University PA program designates at least one SCPE instructional faculty member at each clinical site as the point of contact. For each clinical practice rotation, students are provided contact information for the designated SCPE instructional faculty member (i.e. preceptor) responsible for oversight of the student's clinical practice experience in that rotation. SCPE instructional faculty are responsible for assessment and supervision of a student's progress in achieving learning outcomes while the student is assigned to that clinical site/rotation.

Clinical Site Visits. Permit GFU MMSc PA Faculty to visit preceptor/clinical site for the purposes of:

- Ascertaining that GFU PA program learning outcomes for the practicum are being met.
- Evaluating the performance of assigned student(s), adhering to the guidelines set by the GFU PA program.
- Gather and/or confirm clinical site, rotation, and preceptor information used for initial and ongoing evaluation

Exclusion of Student. The Clinical Site and/or Preceptor reserves the right to terminate the continuation of any student who is not complying with applicable Clinical Site policies, procedures or directions from Clinical Site personnel or preceptors involved in the PA program or who is deemed by the Clinical Site not to have adequate qualifications or ability to continue in the program, or the health of the student does not warrant a continuation at the Clinical Site, or whose conduct interferes with the proper operation of the Clinical Site.

Emergency Care. The Clinical Site and/or Preceptor shall provide necessary emergency care or first aid required by an accident occurring at the Clinical Site for students participating under the terms of the Affiliation Agreement, and, except as herein provided, the Clinical Site shall have no obligation to furnish medical or surgical care to any student. The student bears responsibility for the cost of such care as well as any follow-up care.

Regulations. Provide to GFU PA program current written and applicable Clinical Site specific requirements, policies, rules and/or regulations, if any, prior to the beginning of PA student's rotation.

Records and Reports. The Clinical Site and/or Preceptor maintains records and reports on each student's performance as specified by each program and provide an evaluation to the GFU PA program on forms provided.

The Director of Clinical Education assigns the final clinical rotation grades (using a myriad of tools to include feedback from the SCPE preceptor). Preceptor data used in the grading process includes formal evaluations on performance.

ARTICLE 5.0 PRECEPTOR REQUIREMENTS

All instructional faculty serving as supervised clinical practice experience preceptors must hold a valid license that allows them to practice at the clinical site. Supervised clinical practice experiences will occur with physicians who are specialty board certified in their area of instruction, NCCPA certified PAs, or with other licensed health care providers qualified in their area of instruction. It is the program's responsibility to verify the preceptor holds valid licenses and, if a profession standard, board certification. To accomplish this, the program uses various forms to collect information from preceptors during initial review, ongoing, and when flagged for renewal. Additionally, all preceptors must be willing to assist students in meeting their learning objectives (for given SCPE).

ARTICLE 6.0 THE PRECEPTOR-STUDENT RELATIONSHIP

The preceptor should maintain a professional relationship with the PA student and always 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, etc.) should be avoided until the student completes 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.

ARTICLE 7.0 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 or orientation 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 in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals about what they hope to achieve during the rotation. The preceptor should also communicate their 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. If students anticipate missing clinical time for personal reasons, they should alert the Director of Clinical Education well in advance of the clinic absence. Students will be aware of this policy prior to the start of the clinical year.

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.

ARTICLE 8.0 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 hospital 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 documentation.

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 direct patient care
- How patients will be scheduled taking into consideration the student’s learning needs

ARTICLE 9.0 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 preceptor may not be with a student during every shift, it is important to clearly *assign* students to another physician, 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 and should NEVER allow students to provide treatment without supervision by the preceptor.

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 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 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.

ARTICLE 10.0 INFORMED PATIENT CONSENT FOR STUDENT INVOLVEMENT IN 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 PA 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 students, wear their Clinical Site and GFU ID badge at ALL times 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.

ARTICLE 11.0 DOCUMENTATION

If allowed by the preceptor and/or Clinical Site, PA students may enter information in the medical record. Preceptors should clearly understand how different payers 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 Clinical Site's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification. Preceptors are required to not only review student documentation but evaluate it through the End of Rotation evaluation discussed later in this handbook.

ARTICLE 12.0 MEDICARE DOCUMENTATION POLICY

Effective January 1, 2020 the Centers for Medicare and Medicaid Services (CMS) issued a new rule amending the agency's previous restrictions on the use of student medical record documentation during the provision of evaluation and management (E/M) services for billing purposes. All preceptors of PA students, including PAs and physicians will be allowed to verify, rather than reperform, documentation provided by students. To learn more about this new policy, please see the link below.

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

ARTICLE 13.0 PRESCRIPTION WRITING

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

ARTICLE 14.0 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.

During the halfway point of the Clinical Rotation, each Preceptor is given the opportunity to notify the Program about a student who is not progressing in their clinical performance. The early alert system form is emailed to the Preceptor via the Exxat software system. Completion of the early alert system form notifies the Director of Clinical Education and a conversation about the Preceptor's concerns will result. Depending on the nature and extent of the Preceptor's concerns, the Director of Clinical Education may discuss the concern with the student's faculty advisor, the Program Director, or the Academic Progress and Professionalism committee for further recommendations.

ARTICLE 15.0 STUDENT EVALUATION

PRECEPTOR EVALUATION OF STUDENT RUBRIC

All students must be evaluated in the final week of each SCPE. The evaluation is required prior to the end of the final week and is weighted as 30% (core rotations) and 35% (electives) of the student's rotation grade. If the final evaluation is not received by the completion of business on the Friday following the end of the rotation period, the student will receive a 90% as their final evaluation grade unless the Preceptor evaluation is received before grades are due at the end of the term. The PA Program recommends that preceptors review their evaluations with students. The SCPE Clinical Performance Evaluation rates students on items ranging from fundamentals of knowledge to professionalism. Below is an example of the SCPE Preceptor Evaluation of Student from the Family Medicine SCPE course:

☐ **ATTESTATION:** I have received and reviewed the Preceptor Handbook and Family Medicine SCPE course syllabus including the course learning outcomes and instructional objectives from George Fox University PA Program.

	Exceeds Expectations (10)	Meets Expectations (9)	Approaching Expectations (7)	Below Expectations (5)	Unsatisfactory (0)
Medical Knowledge					
Demonstrate the knowledge needed to recognize, assess, diagnose and treat patients with medical conditions common to Family Medicine (CLO1)					
Applies knowledge of disease states to the evaluation of adult patients including (CLO2):					
ACUTE:					
Upper respiratory infection					
Rash or Skin Lesion					
Musculoskeletal pain					
Back pain					
Abdominal pain					
Chronic					
Anxiety/Depression					
Hypertension					
Diabetes Mellitus					
Interpersonal and Communication Skills					
Demonstrates ability to elicit an accurate medical history including (CLO3):					
Well adult history (preventive)					
Problem focused history (acute encounter)					
Problem focused history (chronic disease monitoring encounter)					
Document patient encounters on an adult including (CLO4):					
Well adult note (preventive)					
Problem focused note (acute encounter)					
Problem focused note (chronic disease monitoring)					
Communicate a history, physical exam findings, assessment and management with the preceptor and other members of the healthcare team (CLO5)					
Presents patient centered, culturally sensitive management plans and education to the patient and					

their families (CLO6)					
Demonstrates communication that is sensitive to disability, ethnicity/race, gender identity, religion/spirituality, sexual orientation and social determinants of health (CLO7)					
Patient Care and Clinical Problem Solving					
Perform patient exams on an adult including (CLO8)					
Well adult exam (preventive)					
Problem focused exam (acute encounter)					
Problem focused exam (chronic disease monitoring)					
Demonstrates ability to formulate a differential diagnosis following an adult clinical encounter (CLO9)					
Develop and implement management plans for medical conditions common to family medicine (CLO10)					
Demonstrates ability to recognize age appropriate preventive screening tests and engage in shared decision making (CLO11)					
Technical Skills					
Demonstrates the ability to perform clinical procedures common to Family Medicine (CLO12) Note: Performance of individual procedures is assessed through Procedure Passport					
Demonstrates ability to interpret diagnostic tests common to Family Medicine (CLO13)					
Professionalism					
Integrates patient confidentiality and privacy laws/practices into all patient encounters and clinical site (CLO14)					
Demonstrates dependability, follows instructions, and accepts and makes adjustments based on constructive criticism (CLO15)					
Demonstrates professionalism in behavior, timeliness, attendance, dress and wears PA student identification (CLO16)					
Demonstrates professionalism in interactions with all members of the health care team (CLO17)					
Overall Performance					

Overall impression of the student's performance during rotation					
How prepared was the student to participate in this rotation?	<input type="checkbox"/> Extremely prepared <input type="checkbox"/> Adequately prepared <input type="checkbox"/> Underprepared				
Did the student perform at an appropriate level for their current stage of learning?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Discuss any strengths this student exhibited					
Discuss opportunities for growth for this student					
List any concerns regarding this student. If none, leave blank.					

ARTICLE 16.0 FEEDBACK TO STUDENTS

Although students have performance evaluations during the clinical rotation, it is imperative that they receive regular positive and constructive feedback on a daily or weekly basis from their preceptors to help improve their clinical performance.

ARTICLE 17.0 STUDENT RESPONSIBILITIES

Proper identification must be clearly displayed identifying that the student is a GFU PA student. **GFU PA student ID badges must be worn at all times.** In addition, if a Clinical Site issued ID badge is issued, it must be worn so that it is easily readable by patients and hospital/clinic personnel. ID badges must not be obscured or altered in any manner except as determined by clinical necessity, (e.g. special stickers for newborn nursery access). As part of this, students are required to introduce themselves as "Physician Assistant Student" to patients and all other members of the healthcare team. In addition to adhering to the standards of professional conduct outlined in the handbook, students are expected to perform (in general) the following during their clinical rotations (specific expectations can be found in the SCPE relevant syllabus).

- Perform and record a complete and problem-focused medical history
- Perform a complete and problem-focused physical examination
- Establish a working diagnosis and differential for urgent and non-emergent conditions
- Order, perform, and interpret diagnostic procedures and laboratory tests
- Identify, discuss, perform, and order therapy and treatment modalities
- Recognize life-threatening conditions and stabilize patients
- Effectively communicate with patients, families, and other members of the healthcare team

- Demonstrate the impact health problems have on individuals and families
- Utilize critical thinking skills through the use of evidence-based medicine
- Exhibit ethical behavior and professional conduct

ARTICLE 18.0 STANDARDS OF PROFESSIONAL CONDUCT

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

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

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the program. Violations of standards of conduct should be communicated to the PA program and are subject to disciplinary actions administered by the university and by the PA program.

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

ARTICLE 19.0 SPECIFIC PROGRAM POLICIES

Program specific policy for each of the following can be found in the PA Program Student Handbook which is available to each PA student.

- Workman's Compensation
- 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

In addition, it is important to note the George Fox PA program policy (found in the [admissions section](#) of the program website) that PA students must not substitute for or function as clinical or administrative staff.

ARTICLE 20.0 THE PRECEPTOR-GFU RELATIONSHIP

The success of clinical training of PA students depends on maintaining good communication among the student, the program, preceptors, and the Director of Clinical Education. 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.

Article 20.1 Clinical Faculty title at the university

The descriptor "clinical" is used for faculty members who provide primarily practical instruction and application of applied knowledge. Clinical faculty have specialized training and experience in a professional field. While these faculty teach, their primary activity, or area of instruction, is applied knowledge, clinical teaching, supervision of field experience/practicum, and/or clinical direction. Clinical faculty members are primarily contracted for teaching and service. Rank is determined by academic achievement, professional accomplishments, leadership in their profession, significant involvement in professional organizations, and demonstrated effectiveness.

If a Preceptor requests the Clinical Faculty title, they must do so in writing. Criteria used for determining the granting of the Clinical Faculty title will be as follows:

- The individual must agree to take a minimum of 3 students per clinical year
- The individual must have a demonstrated commitment to educating students in the clinic and/or classroom
- The individual must meet all the Preceptor Requirements outlined earlier in this handbook

Rank will be given at the level of assistant, associate, or full professor. The decision to allow the use of Clinical Faculty title and what rank will be made by the PA Program Clinical Year Committee.

Article 20.2 Honorarium/Stipend

The clinical site or preceptor is provided an honorarium/stipend of up to \$400/week/student. In order to qualify for the honorarium/stipend, the clinical site or preceptor must agree to take a minimum of 2 students per clinical year. It is up to the clinical site and the preceptor to decide how payments will be handled once George Fox distributes the funds. Clinical sites and preceptors have the option to donate the honorarium/stipend to a PA program student scholarship fund of their choice. If a clinical site or preceptor desires to donate their honorarium/stipend to the PA program, they must notify the PA program in writing of their desire to do so.

Article 20.3 Continuing Medical Education (CME)

Preceptors have the opportunity to earn category I or II CME as a benefit to precepting George Fox PA students. CME for PA preceptors is issued by George Fox, through the American Academy of Physician Assistants (AAPA). Individual preceptors may be awarded AAPA Category 1 CME credits at a rate of 2 AAPA Category 1 CME credits per PA student per 40-hour week, **with no limit**. Further information for PA preceptors can be found at:

<https://www.aapa.org/cme-central/aapa-cme-accreditation/category-1-cme-for-preceptors/>

Physician preceptors and other licensed health care provider preceptors may be eligible for CME credit per their respective CME granting agencies. Non-PA preceptors are encouraged to contact their CME granting organizations for further details.

ARTICLE 21.0 LIABILITY INSURANCE

Each PA student is fully covered for malpractice insurance by the George Fox University PA program. Students 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 student is working in a paid position in a different health-care related capacity any time during their 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 student role. Liability insurance will not cover any student assuming the "PA student" role outside of an assigned clinical rotation.

ARTICLE 22.0 PRECEPTOR DEVELOPMENT

During completion of the *Ongoing Clinical Site Evaluation Form*, preceptors are asked for ideas and/or suggestions for improvement of clinical practice experiences for both the preceptors and students. As these are identified, the Director of Clinical Education compiles the information and brings it to the Clinical Year Committee for discussion. When student evaluations of a preceptor identify a specific need for improvement, the Director of Clinical Education works with the individual preceptor to create an individualized faculty development plan to address that need. Once a minimum of ten *Student Evaluations of the Clinical Site and Preceptor* have been completed, data will be compiled and thematic feedback given to the preceptor for ongoing professional development.

The Physician Assistant Education Association (PAEA), Committee on Clinical Education, has created a set of **"One-Pagers for Preceptors"** to help streamline and enhance this essential experience. The one-pagers below combine some of the committee's own resources as well as some of the best precepting practices that are outlined in the literature. These handy one-pagers offer time-tested methods for making the precepting experience as efficient and rewarding as possible. Links can be accessed here:

- Incorporating students into patient care/workforce
<https://paeaonline.org/wp-content/uploads/imported-files/Incorporating-Students-into-Patient-CareWorkflow.pdf>
- The one-minute preceptor
<http://paeaonline.org/wp-content/uploads/2017/02/One-Minute-Preceptor.pdf>
- Ask-tell-ask feedback model
<https://paeaonline.org/wp-content/uploads/imported-files/Ask-Tell-Ask-Feedback-Model.pdf>
- SNAPPS: a six step learner-centered approach to clinical education
<http://paeaonline.org/wp-content/uploads/2017/02/SNAPPS.pdf>
- Introducing/orienting a PA student to your practice
<https://paeaonline.org/wp-content/uploads/imported-files/IntroducingOrienting-a-PA-Student.pdf>
- Tailoring clinical teaching to an individual student
<https://paeaonline.org/wp-content/uploads/imported-files/Tailoring-Clinical-Teaching.pdf>