**MSUCOM PA Medicine**

 **Preceptor Handbook**

***Tips, Tools, and Guidance for MSUCOM Physician Assistant Preceptors***

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**Thank You, Preceptors!**

Your generous contribution of time, hard work and medical expertise on the part of our students is the vital key to the success of the MSUCOM PA Medicine Program and to the success of our students when they graduate.

The clinical experiences the student will obtain under your supervision are critical in synthesizing the concepts and application of principles for high quality health care delivery. Eleven months of clinical rotations follow fifteen months of rigorous didactic coursework. You, the preceptor, are vital to successful learning in the clinical setting. The PA student will work closely with you, and s/he will progressively develop the skills and clinical judgment necessary to become a practicing PA. **Thank you for your commitment to PA education!**

**Continuing Medical Education Credit for Preceptors:**

**Category I CME Credits (Physician Assistant Only):**

Individual preceptors may be awarded AAPA Category 1 CME credits for precepting per calendar year, at a rate of 2 AAPA Category 1 CME credits per student per 40-hour week.<https://www.aapa.org/learning-central/aapa-cme-accreditation/category-1-cme-for-preceptors/>

**Category II CME Credits**

Upon request, a letter will be provided attesting to Category II CME credits, which are earned on a credit-per-hour basis. Credits may be divided between multiple Clinical Affiliates if desired. Information about claiming CME can be found below based on your credential (PA/MD/DO/NP):

* + For PAs: <https://www.aapa.org/wp-content/uploads/2016/12/Category-1-CME-for-Preceptors-Guide.pdf>
	+ For MDs:<https://csms.org/wp-content/uploads/2014/03/provider-faq2.pdf>
	+ For DOs: Unfortunately, the AOA does not allow CME credit for precepting PA students.
	+ For NPs:<http://www.aanpcert.org/recert/ce>

Thank you for taking the time to familiarize yourself with the policies and guidelines discussed in this handbook. If you have any questions or concerns, please contact me at the PA program office.

With gratitude,

**Ashley Malliett DMSc, MPAS, PA-C on behalf of the Faculty and Staff of the**

MSUCOM PA Medicine Program

Clinical Coordinator and Assistant Professor

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**MSUCOM PA Medicine Program**

The MSUCOM PA Medicine Department has partnered with the Hub for Innovation in Learning and Technology at Michigan State University to design a competency-based curriculum to prepare students to be “Day 1” ready to begin practice as a PA upon graduation. This innovative curricular model integrates osteopathic and PA medical students to maximize collaborative experiences during their training. The PA Medicine courses will have completely separate university course numbers, objectives, assessments and outcomes for the students, but the lectures will ensure competencies for both professions are achieved in a collaborative environment.

**MSUCOM PA Medicine Program Vision**

MSU PAs will improve access and patient health outcomes while innovating optimal collaborative medical team-based care.

**MSUCOM PA Medicine Program Mission**

The mission of the Michigan State University PA Medicine Department is to provide a team-based educational program that produces "Day 1" ready to begin practice as a PA and enhances access to medical care for Michigan citizens. This innovative model integrates PA medicine students to a primary-care focused, holistic, evidence-based, and student-centered curriculum while also nurturing Osteopathic principles and collaborative experiences with medical students**.**

**MSUCOM PA Medicine Program Goals**

1. Recruit qualified applicants from a variety of backgrounds and experiences who successfully complete medical education as a physician assistant.
2. Prepare students for team-based care through collaborating on interprofessional teams.
3. Attain and maintain an accredited program that ensures graduates will have the requisite knowledge and skills to be a “Day 1” ready to begin practice as a PA.
4. Support a professional culture of leadership and advocacy within the PA profession.
5. Develop students to advocate as ambassadors for health promotion and disease prevention.

 **MSUCOM PA Medicine Student Competencies**

At the completion of the didactic and clinical curriculum of the MSUCOM PA Program, students will:

1. Utilize medical knowledge of acute and chronic conditions including etiology, pathophysiology, incidence, risk factors, clinical presentation, differential diagnosis, and treatment strategies to effectively manage a patient across the life span.
2. Possess knowledge of pharmaceutical agents including indications, contraindications, dosing, side effects, drug interactions and costs to patients.
3. Utilize the concepts of public health to improve the quality of patient care.
4. Recognize emergent medical conditions versus non-emergent medical conditions by appropriately triaging patients.
5. Practice evidence-based medicine which incorporates life-long learning and current clinical guidelines
6. Elicit a thorough patient-centered complete or problem-focused patient history taking into account any social determinants that may affect healthcare.
7. Perform a complete and problem-focused physical examination and recognize normal from abnormal findings.
8. Perform appropriate clinical procedures and educate patients regarding procedures, complications, and follow-up care.
9. Construct patient-centered holistic medical treatment plans that include pharmacological and non-pharmacological strategies.
10. Foster preventive care including age-appropriate screening, immunization recommendations, patient education, behavioral modification, and healthcare wellness.
11. Practice cultural awareness and inclusion while advocating for patients.
12. Evaluate and appropriately manage surgical patients in the pre-operative, intraoperative, and postoperative settings.
13. Utilizing history and physical exam findings formulate a differential diagnosis for acute and chronic diseases.
14. Select and interpret appropriate lab and diagnostic studies to aid in decision-making.
15. Apply appropriate decision-making skills, clinical reasoning, and judgment to all aspects of patient care.
16. Formulate a diagnosis that integrates clinical presentation, results of diagnostic tests, and cultural and environmental aspects.
17. Communicate effectively with patients and families by utilizing patient-centered interpersonal skills that incorporate mutual respect with the patient.
18. Perform patient education that considers health literacy and other social determinants and encourages treatment adherence and lifestyle modification.
19. Perform effective medical documentation to include admission notes, SOAP notes, discharge summaries/plans, orders, and referrals.
20. Effectively present patient information to collaborating physicians and other health care providers.
21. Appropriately collaborate in interprofessional teams while understanding the roles of others to improve the quality of patient care.
22. Incorporate patient safety strategies, reduce medical errors, and practice quality improvement in medical care.
23. Embrace professionalism in all aspects of clinical practice incorporating accountability, altruism, and confidentiality.
24. Embrace the role of a physician assistant and recognize personal limitations while practicing.
25. Possess a thorough understanding of medical ethics and the legal aspects of health care.

**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 practicing PA. To this end, the goals of the clinical year include:

* Apply didactic medical knowledge and skills to supervised clinical practice
* Advance clinical reasoning and medical problem-solving skills
* Expand and strengthen the medical fund of knowledge
* Perfect the art of history-taking and physical examination skills
* Refine oral presentation and written documentation skills
* Broaden understanding of the PA role in health systems and healthcare delivery
* Apply principles of diversity, inclusion, and equity to patient-centered care
* Develop interpersonal skills and professionalism necessary to function as part of an interdisciplinary medical team
* Experience a wide variety of patient demographics, types of patient encounters, and clinical settings representative of the breadth and depth of PA scope of practice
* Prepare for the Physician Assistant National Certifying Exam

**Definition of Preceptor Role**

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

**General Preceptor Responsibilities**

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

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

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

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites (Std A3.05). Students must always be clearly designated as a “PA student” in the clinical setting, easily distinguished from other health profession students/providers. (Std A3.06)

 On each rotation, it is the student’s responsibility to ensure that the supervising physician or preceptor 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 before patient discharge.

 The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Laws for Medicare patients are slightly different in terms of what a student is able to document, and this is explained further in the following “Documentation” section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

**The Preceptor−Student Professional Relationship**

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

Problems on rotations can occur, be they academic, professional, or personal in nature. Students and preceptor should use the following guidelines in dealing with any problems:

· Attempt to resolve problems with the individual directly.

· If this is not possible, discuss it with the preceptor or contact person.

· **If unable to resolve a problem for any reason, contact the Clinical Coordinator**

 **ASAP.** *If the Clinical Coordinator is unavailable please contact the Program*

 *Director.*

**Orientation and Communicating Student Expectations**

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or, when possible, before the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password and completing any necessary paperwork, EMR training, and additional site-specificHIPAA training, if needed. The preceptor should provide an orientation to emergency/safety procedures and preparedness, including, but not limited to the facility emergency plan, emergency evacuation routes, location of emergency eyewashes and other emergency equipment, and contact details for emergency services.

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

Expectations can include:

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

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

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

**Preparing Staff**

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

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

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

**Informed Patient Consent Regarding Student Involvement in Patient Care**

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

**Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Students' notes are legal and are contributory to the medical record.

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

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

**Medicare Policy**

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

All physician, PA, and nurse practitioner preceptors are allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation based on the profession (i.e., a preceptor does not have to be a PA to verify the documentation of a PA student). <https://paeaonline.org/our-work/advocacy-for-pa-education/emerging-advocacy-issues>

**Expected Progression of PA student**

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

# Preceptor Evaluation of Student Performance

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

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

End of Rotation Preceptor evaluations will be submitted in Exxat and are due the last Friday of the rotation by 10 pm EST. Failure to complete the evaluations by the end of the rotation will result in the student receiving an incomplete for that rotation which could delay graduation until resolved.

# PA Student Responsibilities

* Adhere to standards of professional conduct as outlined in the Student Clinical Year Handbook and at all times address the preceptor, clinical staff and patients with professionalism.
* Always identify themselves as “physician assistant students” to faculty, patients, and staff.
* All documentation and charting must be signed and include the initials “PA-S”. Students who possess other titles (e.g. RN, RT, etc) will at no time be allowed to use these designations.
* All documentation, charting, and orders must be co-signed by the preceptor immediately.
* Arrive on time to the clinical site or to rounds, fully prepared and ready to fully participate.
* Obtain detailed histories, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, and give oral presentations.
* Develop an appropriate evidence-based treatment plan based on the clinical findings utilizing the medical decision making process.
* Perform and/or interpret common lab results and diagnostics.
* Educate and counsel patients across the lifespan regarding health promotion and disease prevention.
* When possible, take call, attend grand rounds, participate in hospital-based care as well as outpatient clinic.
* Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.
* Augment learning experiences to accomplish rotation learning outcomes and instructional objectives by review of medical textbooks and online evidence based resources.
* Abide by HIPPA standards and OSHA guidelines in honoring confidentiality and universal precautions at all times.
* Work the pre-determined schedule weekly, and report any absences to both the preceptor and clinical coordinator by 8am that day. Students must make up time missed on the rotation; if unable, contact the clinical coordinator
* Keep an accurate log of each patient encounter and input all pertinent data in Exxat
* Keep an accurate Procedural Skills Log in Exxat
* Always work under the direct supervision of the preceptor. Students are never in charge of a patient’s care, nor are they allowed to provide any services without consultation and supervision of the preceptor.
* Meet with the clinical coordinator or the designee during a site visit.
* Attend the End of Rotation assessment day on campus the third Monday of the rotation.

\*\*\*PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of our PA students is evaluated on an ongoing basis throughout the program. Violations of standards of conduct are subject to disciplinary actions administered by the PA program as specified in the student handbook. If preceptors observe/are concerned about a student’s professionalism, please contact the clinical coordinator immediately at amallie1@msu.edu or 517-353-2464.

**Standards of Professional Conduct**

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

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

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

If preceptors are concerned about a student's professionalism, please contact the clinical coordinator immediately.

**Diversity, Inclusion, and Equity Strategies**

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. A 2020 report from the NCCPA indicates that 80.8% of practicing PAs identify as white.[[1]](#footnote-1) Additionally, a Diversity, Inclusion, and Equity Standard (A1.11) was added to the ARC-PA 5th Edition Standards. PA programs continue to develop recruitment and retention efforts to support underserved population~~s~~. Furthermore, it is important that students are provided with opportunities to demonstrate their ability to understand and care for diverse patient populations. Clinical preceptors can contribute to these efforts using some of the following strategies:

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

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

 **The Preceptor− MSUCOM PA Medicine Relationship**

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

If a preceptor has a question or concern about a student, they should contact the clinical coordinator or designee. Programs strive to maintain open faculty–colleague relationships with their preceptors and believe that if problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early troubleshooting may help avoid a diminution in the educational experience.

**MSUCOM PA Medicine Responsibilities to the Preceptor and the Clinical Site**

* Orient preceptors and students tothe structure of the clinical rotation and student learning.
* Develop and maintain good communication among the student, the PA program, & preceptors.
* Provide instructional objectives and learning outcomes for each rotation.
* Provide resources to enhance a preceptor’s ability to teach and integrate students into workflow (see APPENDIX A).
* Provide CME credit, when available, to providers commensurate with their hours of precepting.
* Calculate all grades for rotation performance from multiple assessments, including preceptor/site evaluations, assignments, presentations, OSCE’s, logging, and exams.
* Provide reassessment when student deficits are identified; open communication and early problem solving may help to avoid a diminution in the educational experience.
* Ensure student health-requirements are all met per CDC guidelines. In addition to having a current health insurance policy and passing a health examination, the PA program requires the following immunizations:
	+ 1. Annual PPD, or Quantiferon Gold test
	+ 2. Chest radiography (every three years, if the PPD is considered positive);
	+ 3. Hepatitis B immunization (established by three reported dates of immunization or by documented antibody titer);
	+ 4. Tdap to those who have not received it before then Td (every 10 years);
	+ 5. Rubella immunity (established by two reported dates of vaccination or documented antibody titer);
	+ 6. Varicella immunity (established by documented history or antibody titer) or date of vaccination;
	+ 7. Influenza vaccination each flu season.
	+
* The PA program ensures the completion of HIPAA training as students will receive HIPAA training both during the didactic phase of the program, and again just prior to the start of clinical rotations.
* The students are also responsible for completion of training in OSHA Guidelines.
* Students are responsible for following required universal precaution guidelines at the clinical sites. This includes the use of personal protective equipment, proper care and disposal of sharps, and other precautionary measures. Students are also required to take and pass a Bloodborne Pathogen and Universal Precaution exam after receiving training in both of the areas prior to clinical rotations.
* Students have received instructions regarding Incident Reporting.
* Should a student sustain an exposure at the clinical site (i.e., blood or body fluid exposure, TB exposure, or needle stick) the student should report the incident immediately to the preceptor and receive appropriate medical care (under two hours from the time of exposure). An incident report should be completed at the site. The student must contact the clinical coordinator. Ultimately, the student is responsible for initiating care and follow up care after an exposure at a physician’s office or urgent care or emergency facility. All costs are the sole responsibility of the student.
* Each PA student is fully covered for malpractice insurance by the PA program.
* The clinical coordinator or his/her designee will visit active clinical sites (active: precept at least one student annually) at least once every 3 years. Site visits may be completed in-person or via tele- or video-conference. Scheduling of site visits will be coordinated by both the clinical coordinator and the clinical site to find a mutually agreeable time. The purpose of the site visit is three-fold:

1. To ensure that the clinical site can provide a safe environment for student learning, as well as adequate facilities, patient populations, and preceptor supervision.

2. To evaluate the student’s development in their medical knowledge, clinical skills, interpersonal skills, problem-solving, and professional behaviors.

3. To allow for a frank and honest exchange of information among all involved parties.

**Liability Insurance**

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

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

**MSUCOM PA Medicine Policies**

All MSUCOM PA Medicine Policies can be found in the [PA Medicine Student Handbook](https://pa.com.msu.edu/current-students/pa-medicine-student-handbook) and/or on the PA Medicine website [Program Policies section](https://pa.com.msu.edu/current-students/program-policies). PA Medicine students are required to be in compliance with all PA Medicine policies at all times while enrolled in the program. The following policies are applicable to students enrolled in this course and all students are expected to review these policies at the start date of this course:

## Advising Policy

<https://pa.com.msu.edu/current-students/program-policies/advising-policy>

## Attendance and Absence Policy

<https://pa.com.msu.edu/current-students/program-policies/attendance-and-absence-policy>

## Clinical Site Policies

<https://pa.com.msu.edu/current-students/program-policies/clinical-site-policies>

## Computer Based Testing Policy

<https://pa.com.msu.edu/current-students/program-policies/computer-based-testing-policy>

## Deceleration Policy

<https://pa.com.msu.edu/current-students/program-policies/deceleration-policy>

## Delayed Graduation Policy

<https://pa.com.msu.edu/current-students/program-policies/delayed-graduation-policy>

## Digital Content and Web Accessibility Policy

<https://pa.com.msu.edu/current-students/program-policies/digital-content-and-web-accessibility-policy>

## Disability and Reasonable Accommodation

<https://pa.com.msu.edu/current-students/program-policies/disability-and-reasonable-accommodation>

If a student requires an accommodation, a valid VISA from the Resource Center for Persons with Disabilities must be presented to the COM Office of the Registrar 7 days in advance of an exam or assessment.

## Drug and Alcohol Policy

<https://pa.com.msu.edu/current-students/program-policies/drug-and-alcohol-policy>

## Facilities, Student Safety and Security

<https://pa.com.msu.edu/current-students/program-policies/facilities-student-safety-and-security>

## Grading Policy

<https://pa.com.msu.edu/current-students/program-policies/grading-policy>

Please also refer to ‘[Medical Student Rights and Responsibilities](https://pa.com.msu.edu/current-students/program-policies/medical-student-rights-and-responsibilities)’ and ‘[Policy for Retention, Promotion, and Graduation](https://pa.com.msu.edu/current-students/program-policies/retention-promotion-and-graduation-policy)’ for expanded information on grades, academic standing, and evaluation of student performance in the PA program.

## International Travel Policy

<https://pa.com.msu.edu/current-students/program-policies/international-travel-policy>

## Medical Student Rights and Responsibilities

<https://pa.com.msu.edu/current-students/program-policies/medical-student-rights-and-responsibilities>

## Mental Health Policy

<https://pa.com.msu.edu/current-students/program-policies/mental-health-policy>

## Mistreatment Policy

<https://pa.com.msu.edu/current-students/program-policies/mistreatment-policy>

## Non-discrimination Policy

<https://pa.com.msu.edu/current-students/program-policies/non-discrimination-policy>

## Policy on Tuition, Fees and Refunds

<https://pa.com.msu.edu/current-students/program-policies/policy-tuition-fees-and-refunds>

## Professionalism Policy

<https://pa.com.msu.edu/current-students/program-policies/professionalism-policy>

## Remediation Policy

<https://pa.com.msu.edu/current-students/program-policies/remediation-policy>

## Retention, Promotion, and Graduation Policy

<https://pa.com.msu.edu/current-students/program-policies/retention-promotion-and-graduation-policy>

## Sensitive Exam Policy

<https://pa.com.msu.edu/current-students/program-policies/sensitive-exam-policy>

## Social Networking Guidelines

<https://pa.com.msu.edu/current-students/program-policies/social-networking-guidelines>

## Student Grievance Policy

<https://pa.com.msu.edu/current-students/program-policies/student-grievance-policy>

## Student Research and Scholarly Activity

<https://pa.com.msu.edu/current-students/program-policies/student-research-and-scholarly-activity>

## Student Work Policy

<https://pa.com.msu.edu/current-students/program-policies/student-research-and-scholarly-activity>

**APPENDIX A**

**Preceptor Development Resources**

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

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

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

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

**Appendix B**

 **Clinical Site Invoicing Instructions**

MSUCOM PA Medicine values your participation in student education. For sites that are submitting for clinical site payment please follow the following process.

1. Within 30 business days of a student’s completion of the clinical rotation, the host agency will submit an invoice for the payment.
2. The host will utilize the MSUCOM PA Medicine invoice template and include the following information:
	1. Each PA Medicine student’s name
	2. Rotation site(s)
	3. Dates of clinical rotation(s)
3. The HOST AGENCY will submit its invoice to:  Kathleen Braden electronically at bradenk1@msu.edu or by fax at 517-353-2499. MSUCOM will process invoices on a bi-annual schedule with payment being issued in July and January.
1. National Commission on Certification of Physician Assistants, Inc. (2021). *2020 Statistical Profile of Certified Physician Assistants: Annual Report.* https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf. [↑](#footnote-ref-1)
2. Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019). *Accreditation Standards for Physician Assistant Education.* 5th edition. http://www.arc-pa.org/wp-content/uploads/2021/03/Standards-5th-Ed-March-2021.pdf. [↑](#footnote-ref-2)