



MOUNT ST. JOSEPH
UNIVERSITY
Physician Assistant Program

Preceptor Handbook
2025-2026

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SECTION 1: PHYSICIAN ASSISTANT PROGRAM & PROFESSION OVERVIEW

Introduction

Thank you for your contribution to physician assistant education and Mount St. Joseph University.

This Preceptor Handbook includes information developed to assist preceptors in planning a comprehensive clinical experience for physician assistant students (PA-S).

Our faculty and staff are committed to training outstanding, compassionate physician assistants. Further, Mount St. Joseph University and the PA Program are committed to the integration of technology to enhance student learning and prepare graduates to further the mission of the Mount. As professionals, they are committed to life-long learning and practicing ethical, evidence-based medicine.

We hope this handbook will be helpful, both to those who have had longstanding involvement with clinical education as well as to new preceptors and individuals considering becoming preceptors.

If you have any questions about the PA Profession, our PA Program, or any of our students, please do not hesitate to contact us at the PA Program (contact information on page 6).

Clinical Year Calendar

Mount St. Joseph University PA Program Class of 2026 Clinical Phase			
January 2025-May 2026			
Rotation	Begins	Ends	Return to Campus
Clinical Phase Orientation	Tuesday, January 21	Saturday, January 25	NA
Rotation 1	Monday, January 27	Thursday, February 27	Friday, February 28
Rotation 2	Monday, March 3	Thursday, April 3	Friday, April 4
Rotation 3	Monday, April 7	Thursday, May 8	Friday, May 9
Spring Break	Monday, May 12	Friday, May 16	NA
Rotation 4	Monday, May 19	Thursday, June 19	Friday, June 20
Rotation 5	Monday, June 23	Thursday, July 24	Friday, July 25
Rotation 6	Monday, July 28	Thursday, August 28	Friday, August 29
Summer Break	Monday, September 1	Friday, September 5	NA
Rotation 7	Monday, September 8	Thursday, October 9	Friday, October 10
Rotation 8	Monday, October 13	Thursday, November 13	Friday, November 14
Rotation 9	Monday, November 17	Thursday, December 18	Friday, December 19
Holiday Break	Monday, December 22	Friday, January 9, 2026	NA
Rotation 10	Monday, January 12, 2026	Thursday, February 12, 2026	Friday, February 13, 2026
Rotation 11	Monday, February 16, 2026	Thursday, March 19, 2026	Friday, March 20, 2026
Spring Break	Monday, March 23, 2026	Friday, March 27, 2026	NA
Summative Evaluation	Monday, March 30, 2026	Friday, April 17, 2026	NA
Remediation as needed	Monday, April 20, 2026	Friday, April 24, 2026	NA
Graduation	Thursday, April 30, 2026 (PA Program) / Saturday, May 2, 2026 (University)		

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Program Overview

The Physician Assistant Program at Mount St. Joseph University is a twenty-seven-month professional education program that prepares individuals as primary health care providers, who practice medicine with the supervision of the physician. Graduates will receive a Masters in Physician Assistant Studies (MPAS), contingent upon satisfactory completion of all University requirements.

The program consists of two phases of training; a didactic phase and clinical phase. The didactic phase is three semesters and includes the following courses: Human Anatomy, Medical Physiology, Genetics and Disease, Introduction to the PA Profession, Ethics, Evidence Based Medicine & Nutrition, Principles of Medicine, Pharmacology, Physical Assessment, Clinical Skills, Diagnostics, Radiology/EKG Interpretation, Clinical Approach to Behavioral Health, Preventative Medicine Across the Lifespan & Population Health, and Clinical Decision Making.

Following the didactic phase, students will complete the clinical phase, which includes four semesters of direct patient care in various disciplines and settings. Rotations should build on the didactic year as well as the students' prior clinical experience and are organized into ambulatory, inpatient, emergency and surgical settings. The focus in all of the supervised clinical patient experiences (SCPEs) is medical care across the lifespan, which includes prenatal, infants, children, adolescents, adults, and elderly patients.

The clinical rotations include Family Medicine, Internal Medicine, Emergency Medicine, General Surgery, Orthopedics, Pediatrics, Women's Health, Behavioral Health and three elective rotations. Each of these rotations are 5 weeks in length with a specific set of learning outcomes based on the Competencies of the PA Profession and the Blueprint for the PA National Certification Examination (PANCE).

Mission and Vision Statement

The specific mission of the PA program is to educate outstanding, compassionate clinicians, fully prepared to deliver high quality, accessible health care demonstrating commitment to life-long learning and ethical practice.

The vision of the PA program states that graduates will be recognized for their leadership and the quality of health care they provide, exemplifying professionalism, empathy and an attitude of service to others.

Accreditation Status

The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) has granted **Accreditation-Continued** status to the **Mount St. Joseph University Physician Assistant Program** sponsored by **Mount St. Joseph University**. Accreditation-Continued is an

accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be **2032 March**. The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy.

The program's accreditation history can be viewed on the ARC-PA website at <http://www.arc-pa.org/accreditation-history-mt-st-joseph-university/>

Certification by the National Commission on Certification of Physician Assistants (NCCPA)

Physician assistants graduating from an accredited PA Program are eligible to sit for the certifying examination administered by the NCCPA. The certifying examination (PA National Certification Examination or PANCE) is a comprehensive examination, administered via computer, testing didactic knowledge and problem-solving abilities. In order to maintain certification, PAs are required to obtain a minimum of 100 hours of continuing medical education (CME) every 2 years. Additionally, PAs must pass a recertification examination every ten years to maintain their credentials.

Continuing Medical Education (CME)

Preceptors who are physician assistants are permitted to earn Category 1 CME credits and may earn a total of 2 AAPA Category 1 CME credits per week (40 hours) for each PA student they precept (unlimited CME credits can be earned).

Professional Responsibilities of the Physician Assistant

Physician Assistants are skilled members of the health care team qualified by academic and clinical experience to provide a broad range of health care services in practice with a licensed physician. These services may be provided to individuals of any age in various settings, which are considered part of the supervising physician's practice.

Physician Assistant students are educated and trained to perform the following:

1. Obtain Patient History

Objective focuses on skill in obtaining, documenting, and interpreting the patient's history, identifying pertinent factors, and interpreting risk factors.

2. Perform Physical Exam

Objective focuses on physical exam skills such as recognizing, interpreting, and documenting pertinent findings and using required techniques.

3. Using Laboratory and Diagnostic Studies

Objective focuses on skill in selecting the appropriate studies, interpreting, and documenting the results.

4. Formulating the Differential and Most Likely Diagnosis

Objective focuses on skill in formulating and documenting the differential diagnosis and the most likely diagnosis in light of history, physical or diagnostic test findings.

5. Evaluating Severity of Patient's Problems

Objective focuses on skill in evaluating the severity of the condition and the need for further action.

6. Management of Health Maintenance and Disease Prevention

Objective focuses on skill in identifying risk factors and selecting appropriate preventive therapeutic agents or techniques.

7. Clinical Intervention

Objective focuses on skill in prioritizing management and selecting the appropriate medical and/or surgical treatment. Focus on determining the appropriate follow-up schedule or monitoring approach.

8. Clinical Therapeutics

Objective focuses on skill in selecting the appropriate pharmacotherapy, recognizing actions of drugs, and educating patients about the effects of drugs and drug-drug interactions.

9. Legal/Ethical and Health Care Systems

Objective focuses on issues such as patient autonomy, PA/patient relationships, PA/physician relationships, and use of unorthodox or experimental therapies, end-of-life considerations, and treatment of minors.

10. Applying Scientific Concepts (Basic Clinical Sciences & Research Data)

Objective focuses on skill in identifying the processes responsible for a given condition. Focus on basic interpretation of research data and sensitivity and specificity of selected tests.

11. Work Related Behavioral Objectives

There are many work-related behaviors important to successful employment in healthcare. The following are some of the behaviors to consider when evaluating this student: productivity, work quality, initiative, teamwork, attitude, communication skills, and overall performance as a potential employee.

SECTION 2: PRECEPTOR, PROGRAM, & STUDENT RESPONSIBILITIES & GUIDELINES

Definition of the Preceptor Role

The preceptor is an integral part of the teaching program. Preceptors 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, diagnostic interpretation, succinct recording and reporting, problem assessment, and treatment plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities

1. Provide adequate clinical space for the student to care for patients.
2. Ensure that students are not used as a substitute for clinical or administrative staff.
3. Review and sign all of the student's patient records within 24 hours.
4. Familiarize each student with the protocols, rules, and regulations of the facility.
5. Maintain administrative and professional supervision of the student while on duty.
6. Provide direct supervision by qualified staff while the student is performing procedures.
7. Provide students with dressing and eating facilities similar to those of employees.
8. Allow students to participate in and attend educational offerings by and at the facility.
9. Notify the program in a timely manner of any unsatisfactory conduct or performance of any student.
10. Provide an evaluation for each student electronically (mid-rotation and end of rotation).
11. Allow and provide students opportunities to meet the learning outcomes.
12. Provide PA program faculty access to the student, preceptor, and facility.
13. In the event of an accident or illness, allow the student to seek medical attention at the facility or an emergency room where the provider on duty will determine the course of treatment. The cost of the injury or illness is the sole responsibility of the student, except when an injury results from acts or omissions of the facility, its agents, or employees.
14. Maintain full responsibility for the patient's medical care and treatment.

Preceptor Guidelines

The majority of clinical assignments run smoothly and are both challenging and rewarding. The guidelines below will be of value in helping to ensure a successful experience for both preceptor and PA student.

1. Expect students to perform similar to a third- or fourth-year medical student. If the student shows any serious deficiency or is in danger of not achieving the learning outcomes or failing the rotation, please promptly notify the program.
2. Orient the student on the first day to facilitate a quicker transition in allowing the student to become a member of the medical team.

3. Establish mutual goals early in the rotation and clearly communicate your expectations to the student regarding hours, interactions with staff, participation in rounds and conferences, expectations for clinical care and patient encounters, oral presentations, etc.
4. Involve the student in all aspects of the practice, including hospital and nursing home services, so that the students will receive a well-rounded experience.
5. Notify the hospital, clinics, and nursing homes that you will be a preceptor. Inquire about policies and regulations governing PA students in your facility. Inform staff how the student will interact with them and patients.
6. If allowed by the preceptor and/or facility, have the student enter information into the medical record. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” Preceptors are required to document the services they provide as well as review and edit all student documentation.
7. Ensure that only medical tasks delegated by you are performed by the student and that services rendered by the student are regularly evaluated.
8. Give regular feedback of the student’s performance according to the learning objectives and goals set by the program for the clinical rotation.
9. Contact the program for clarification of matters relating to the rotation.

Preceptor Stipend

The policy of the Mount St. Joseph University PA program is to secure clinical sites and preceptors in sufficient numbers to meet the program’s learning outcomes for supervised clinical practice experiences. Preceptors (or clinical site depending on employer) are offered a \$800 stipend per student per 5-week clinical rotation. Preceptor or site may choose to decline the stipend. Payment will be generated (details below) upon completion of the student’s clinical rotation AND the preceptor’s submission of the student evaluation (must be received by the clinical team within two weeks of completion of the rotation).

The preceptor or clinical site must complete and submit a W-9 to the clinical team by the last day of the current rotation in order to receive payment for that rotation. The Clinical Coordinator will forward to fiscal operations who will assign a Mount vendor ID # to process future payments. Stipends cannot be approved for rotations that have already been completed. Following completion of the clinical rotation and submission of the final evaluations, the Clinical Coordinator will submit an invoice to the Program Coordinator, who will draft a purchase order and forward this to fiscal operations to process payment of the stipend.

PA Program Responsibilities

1. Provide the preceptor with the student’s educational learning outcomes.
2. Assume responsibility for selection and assignment of students to the individual preceptor.
3. Coordinate the educational and clinical activities involving the preceptor, clinical facility,

student, and program faculty.

4. Make training guides, evaluation measures, and other materials available to the preceptor.
5. Provide information at appropriate intervals to the student and preceptor regarding evaluation outcomes.
6. Inform students on rotations they are subject to the policies, protocols, rules, and regulations of the preceptor and the clinical facility(ies).
7. Inform students they are responsible for their own meals, lodging, transportation, uniforms, laundry, and personal health insurance for the rotation.
8. Mount St. Joseph University represents that each PA student carries professional liability coverage, are up to date on all program required immunizations, completed a criminal background check, have passed a drug screen, have completed HIPPA training and are currently certified in CPR and ACLS.
9. Require students to attend any site provided or sponsored infection control session regarding universal precautions, TB, and blood borne pathogens.

Liability Insurance

The University maintains proof of student liability insurance and a copy is available to preceptors. Please notify your insurance carrier you are a preceptor for PA students. Insurance companies generally accept the presence of PA students without difficulty. PA students are covered for liability related to their normal curriculum studies and assignments. The limits of the professional liability policy are \$1,000,000/\$5,000,000.

Student Responsibilities

1. Report patient data fully and accurately to the preceptor.
2. Proceed with management of the patient only after consulting with the preceptor.
3. Act as a responsible health care provider by behaving professionally, legally, and ethically at all times.
4. Arrange schedule in advance and promptly notify the preceptor and the PA program of any schedule changes.
5. Wear an identification badge to identify themselves as a Mount St. Joseph University PA student when caring for patients.

Student Supervision

Students function within the academic policies established by the Mount St. Joseph University PA Program. Preceptors serve by providing clinical learning experiences, direction, and supervision of students during the clinical rotation. The degree of responsibility delegated to a student depends on the student's attitude and ability. Students have no responsibility for patients except when under the supervision of a preceptor. **Students are not to practice medicine without direct supervision.**

Students are specifically prohibited from the following:

1. Initiating unsupervised or unauthorized patient care.
2. Discussing physical findings, lab results, significance of historical data, or treatment plan without prior discussion with the preceptor.
3. Ordering lab or diagnostic studies without prior consultation with the preceptor.
4. Dispensing or writing prescriptions without authorization and preceptor's signature.
5. Disobeying protocols, rules, or regulations governing PA students established by the preceptor.
6. Discharging a patient from the facility without the patient personally being seen and evaluated by the preceptor.

Academic Responsibilities

Students learn at different rates, but students must assume an active role in their education. The student is expected to show initiative by asking questions, completing assignments, following patients, and giving feedback concerning how well the clinical rotation is meeting learning objectives. Students are assessed through a variety of assignments and examinations throughout the clinical year.

Expected Progression of the 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 Availability

Students should experience a varied, but fairly typical exposure to your practice. Students are expected to be available and in close association with preceptors during practice hours. Students should accompany preceptors to hospitals, operating rooms, nursing homes, and other practice settings. Evening and weekend learning experiences are beneficial to the student so long as the total hours per week are not excessive. Students require time for independent study, assignments, and preparation for the end of rotation exam. If possible, limit student work time to 50 hours per week with a **minimum** of 30 hours per week.

Student Rotation Work Schedule

This form is to be completed by the student the first week of each rotation. This form represents the student's commitment to the work schedule for the rotation based on your expectations. It is anticipated that scheduled hours may change in certain rotations due to consults, surgical issues, and shift changes. **The total hours for a rotation *should* equal at least 150 hours per rotation.**

Site Visit for the Student

A faculty member will conduct at least one site visit per student during the clinical year, although more visits may occur at the request of the student, preceptor or faculty. The site visit includes discussion regarding student's overall progression throughout the clinical year as well as continuing assessment of the site and preceptor. Though it is ideal to perform the site visit in person, some situations preclude this. In situations where, face-to-face visits are not ideal, a site visit will be scheduled virtually (phone, Zoom, or email communication). Visits may be announced or unannounced.

Student Dress Code

During the clinical phase, a name tag identifying the student as a Physician Assistant Student and must be worn at all times. The program-provided white lab coat with program patch should also be clean and worn at all times. Students are instructed to always dress in a professional manner. While some rotations may be more casual than others, jeans, shorts, cutoffs, t-shirts and "recreational clothing" are **NOT** appropriate attire. Nor, should the student wear clothing that exposes large areas of the chest, abdomen, midriff or back. Dress codes of clinical sites must be followed (potential considerations of tattoos, artificial/acrylic nails, piercings, artificial hair colors). PPE must be worn as mandated by the policies of the clinical site. If you have question or concern with respect to certain student attire, please contact the PA program.

Accident & Personal Safety Policy

Safety and security while on clinical rotations is the responsibility of the participating facility. Students should exercise good judgment while off campus, in terms of their own personal safety. Most institutions have security personnel available to walk students to their cars after hours. If an incident occurs while on a clinical rotation, the student should immediately contact the institution's security team or the local authorities along with the Clinical Director or Program Director.

Exposures to blood and other body fluids occur across a wide variety of occupations including health care workers such as Physician Assistants. Students, in the course of their training, can be exposed to blood through needle stick and other sharps injuries, mucous membrane, and skin exposures. Students will receive instruction in methods of prevention utilizing universal

precautions and other risk reduction behaviors using OSHA Guidelines before undertaking educational activities that place them at risk.

Should a student sustain any injury, including a needle stick injury or exposure to a potentially infectious and/or hazardous substance during any instructional or clinical activity:

- The student should report **immediately** to the appropriate person:
 - If on-campus and receive a needle stick or other exposure, wash the affected area and contact the clinical instructor or the program director.
 - If at an off campus clinical site, wash the affected area and contact your preceptor and the clinical director.
- The student will follow the policies in effect at that site to provide immediate proper care and necessary follow-up care. If necessary, the student will be taken to the local emergency department for immediate care and subsequent follow-up.
- The student will be responsible for any cost incurred for evaluation and treatment. Students are required to have health insurance at all times while enrolled in the program.
- The student will complete the appropriate School of Health Science Incident form and return it to the program director's office within 24 hours of the incident.
- A School of Health Sciences Incident form **must** be completed for any accident or incident that occurs, regardless of whether treatment was needed or not.

Harassment Policies

Medical offices, operating rooms, emergency rooms and hospitals are all institutions where the very serious business of taking care of people's health and lives occur. Employees often use humor as a means of stress relief; however, their humor should never make another person feel as though they have been harassed or create a hostile work environment. Mount St. Joseph University policy states that students should never be engaged in or exposed to behavior, which would constitute mistreatment or harassment.

Sexual harassment in education is defined as: any unwelcome behavior of a sexual nature that interferes with a student's ability to learn, study, work or participate in school activities. Sexual harassment can be peer-peer, by teachers/preceptors or other school employees. While sexual harassment is legally defined as "unwanted" behavior, many experts agree that even consensual sexual interactions between students and teachers constitutes harassment because the power differential creates a dynamic in which "mutual consent" is impossible." (Dzeich et al, 1990)

Therefore, it is Mount St. Joseph University PA Program's policy that students are not to enter into an intimate relationship with faculty, staff, patients or preceptors. Incidents will be investigated and immediate action will be taken, up to and including dismissal of a student from the program.

Mistreatment is defined as: intentional or unintentional behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process.

Harassment is defined as: any conduct, physical, verbal, written or electronic, on or off campus, that has the intent or effect of unreasonably interfering with an individual's or group's educational or work performance at the Mount or that creates an intimidating, hostile or offensive educational, work or living environment.

The PA program has zero tolerance regarding any type of mistreatment or harassment. Prevention is addressed by identifying situations and their causes, educating students, faculty and staff on institutional policies and the program's policy of zero tolerance.

If you feel that an incident has occurred, you should promptly report the incident to the Clinical Director and/or Program Director for further action.

Troubleshooting

The Program must be aware of any student problems. If you have concerns about a student's professional behavior, academic ability, or clinical skills, please contact us immediately. We are prepared to take an active role to improve difficult situations. In the rare case when problems develop, preceptors can expect a prompt, dependable, and competent response. In return, we anticipate preceptors will be prompt and dependable in informing the PA program of problems.

The PA program maintains regular contact with students and preceptors. Regular communication is intended to facilitate relationships among students, preceptors, and the PA program. Communication provides a mechanism for addressing informal questions about teaching, learning, and evaluation processes. Preceptors may contact the Clinical Director and/or Program Director at any time with questions or comments. Students are expected to contact the program with questions or problems.

Removal from Clinical Rotation

A student may be removed from a clinical rotation at the discretion of the preceptor or other site official, or PA Program leadership for reasons including, but not limited to poor academic performance, academic fraud or dishonesty, poor professional behavior, policy violations involving attendance and social media, or HIPAA violations.

Any student who has willfully, accidentally, or unwittingly endangered the life of a patient, staff, peer, or him/herself during a rotation will be removed from the rotation immediately. The incident will be reported to the Program Director for appropriate action. The Program Director may remove a student from class, clinical site, or other university function, if indicated. The Disciplinary Process is initiated and the Dean is informed.

SECTION 3: GRADING & EVALUATIONS

General Rotation Objectives

The core rotations for the program include Family Medicine, Internal Medicine (hospital-based), Emergency Medicine, General Surgery, Women's Health, Pediatrics, Orthopedics and Behavioral Health. The Program also provides each student with 3 elective clinical rotations, one of which is focused on special populations. Students are evaluated on the following general rotation objectives in each rotation:

- Obtaining a Medical History
- Performing a Physical Examination
- Presenting an Oral Case Presentation
- Documenting Written Patient Record
- Ordering & interpreting Diagnostic Studies
- Clinical Procedures
- Demonstrating Problem-solving/Critical Thinking
- Displaying Medical Knowledge & Concepts
- Formulating a Diagnosis/Differential Diagnosis
- Developing a Management Plan
- Demonstrating Drug knowledge
- Possessing Anatomy/Physiology knowledge
- Providing Patient education
- Providing Prevention/Health maintenance
- Relating to Colleagues/IPE
- Relating to Patients/Interpersonal skills
- Possessing Cultural Awareness/Inclusion
- Understanding Role of PA
- Displaying Self-confidence
- Demonstrating Reliability & Dependability
- Displaying Professionalism
- Displaying Empathy & Compassion

Specific outcomes for each specific rotation are provided in the course syllabus and noted in Appendix A.

Grading

Grading		
	Core Rotation	Elective Rotation I/II/SP
EOR Exam	600	
EOR Assignment	50	350
Rosh Assessment	50	350
Preceptor Evaluation	200	200
Weekly Updates	25	25
Case Logs	25	25
Professionalism	50	50
Total	1000	1000

Students who do not achieve an overall course grade of 75% or greater for a rotation will be dismissed from the program as per program policy.

Regardless of the student's calculated grade for a particular rotation, if the preceptor has identified serious deficits in any area(s) of the student's performance, including professionalism, the Clinical Director or Program Director should be contacted. Students encountering these types of problems will be required to meet with the Program's Promotions and Professional Conduct Committee. Early identification of problems is ideal so intervention can occur before a student receives a failing grade, disciplinary measures, or is dismissed from the program.

More information in regards to grading, assignments, and examinations can be found in the course syllabus.

Evaluations

Evaluation should be an ongoing process beginning on the first clinical day, continuing through rotation completion. Evaluation is a two-way process. The preceptor evaluates student performance and students evaluate rotations. Feedback is an art and, while the evaluation has a number of specific grading points, we encourage preceptors to provide feedback on the student's overall performance by commenting on their specific strengths and weaknesses. This is extremely helpful to the faculty in guiding the student's overall development.

The preceptor or preceptor designee should meet with the student at the midpoint and near the rotation end, to discuss the student's evaluation, and fill out the evaluation form electronically. A link to the evaluations will be sent to the preceptor email on file and will be submitted electronically. Preceptors should review all evaluations even if preceptors have delegated the evaluation process to another.

Mid-Point Preceptor Evaluation – not graded

- When the preceptor is completing the student's midpoint evaluation, he/she should

evaluate the student's preparedness for the rotation based on the rotation objectives.

- This evaluation is not for a grade, however, very essential in providing students with feedback on their strengths and weaknesses. This evaluation will help guide the students in their clinical education so they can continue to improve the remainder of the rotation.
- Each item on the evaluation is rated on a 5-point Likert scale with a rating of a "3" being average/benchmark. Each rating is weighted as such: "5" – 100% | "4" – 85% | "3" – 75% | "2" – 50% | "1" – 25%
- Receiving a score of < 3 on any will prompt the PA Program to reach out to the student to discuss the deficiency. The program may reach out to the preceptor for further insights.

Final Preceptor Evaluation – 200 points

- The final evaluation evaluates the student's performance throughout the rotation. Successfully meeting or achieving learning outcomes is an integral component of the supervised clinical practice experience, therefore preceptors are strongly encouraged to address each evaluation question to the best of their ability.
- Each item on the evaluation is rated on a 5-point Likert scale, which is weighted:
 - "5" – 100% | "4" – 85% | "3" – 75% | "2" – 50% | "1" – 25%
- Total points = % (rounded to nearest whole #) × 200
- In the rare event where the final preceptor evaluation is not received within 2 weeks from the end of the rotation, the evaluation will be considered non-retrievable, and the student will receive an 85% (170 points) for the evaluation.
- Students reserve the right to obtain a written evaluation from the primary preceptor.
- Failure of evaluation = a score of <74.5% or <149 points or any rating <3 on a rotation-specific item
- A failure of an evaluation will prompt a meeting with Promotions and Professional Conduct Committee.
- See Appendix B for an example of a final evaluation.

SECTION 4: PRECEPTOR DEVELOPMENT TOOLS

Precepting a PA student can be both rewarding and challenging.

- Balancing the dual roles of providing patient care and guiding a student's education requires time, effort, and adaptability.
- Each student brings a unique level of knowledge, skills, and confidence, which can make tailoring their clinical education complex.
- Navigating these challenges while ensuring patients receive high-quality care demands effective strategies and tools.

To support preceptors in this important role, the Physician Assistant Education Association (PAEA) offers a variety of resources designed to streamline clinical teaching, enhance student engagement, and foster a productive learning environment. Below are some tools to help make clinical education more efficient and effective.

Introducing/Orienting a PA Student to your Practice

Authored by: PAEA's Committee on Clinical Education

PUBLISHED FEBRUARY 2017

1-PAGERS
for
PRECEPTORS

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

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

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

Preparing your staff to have a student:

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

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

Preparing your patients to have a student:

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

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

Orienting the student to your practice:

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

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

Overview of the rotation/preceptor expectations:

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

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

Orienting the student to your community:

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

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

REFERENCES

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



Incorporating Students into Patient Care/Workflow

Authored by: PAEA's Committee on Clinical Education

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1-PAGERS for PRECEPTORS

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

Share the Teaching Responsibilities

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

Plan Ahead with Patients

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

Teamwork

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

Fully Utilize Student

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

Summarize and Clarify

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

Set Time Limits

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

Utilize Educational Strategies for Effective Teaching

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

REFERENCES

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



SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education

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

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

REFERENCE

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

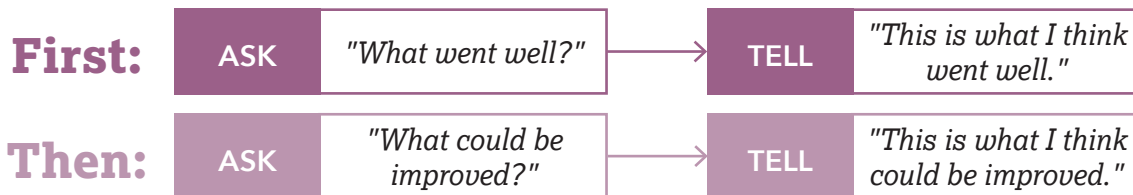


Ask-Tell-Ask Feedback Model

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



Example 1

Setting: Outpatient

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

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

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

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

Preceptor: What do you think could be improved?

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

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

Example 2

Setting: Inpatient

Task Area: Medical Knowledge, Clinical Reasoning

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

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

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

Preceptor: What do you think could be improved?

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

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

One-Minute Preceptor

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

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

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

Microskills

1 Get a Commitment

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

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

2 Probe for Supporting Evidence

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

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

3 Reinforce What Was Done Well

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

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

4 Give Guidance About Errors/Omissions

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

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

5 Teach a General Principle

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

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

Summarize

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

REFERENCE

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



Tailoring Clinical Teaching to an Individual Student

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

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

Suggestions for assessing student on first day of training

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

✓ Behaviors that indicate the student is "getting it"

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

⊗ "Red flag" behaviors

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

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

REFERENCE

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



Appendix A: Rotation Specific Learning Outcomes

Family Medicine Clinical Rotation

Acute Care (B3.03a)

1. In an adult patient presenting with dysuria, evaluate the patient, analyze the urinalysis to recommend pharmacological management. (B3.03b)
2. Perform the appropriate throat or nasal culture for a patient presenting with upper respiratory symptoms, conduct a problem-focused history and physical exam, and recommend a management plan.
3. Develop a differential diagnosis for a patient presenting with a rash and recommend the appropriate management.
4. In an adult patient presenting with heartburn symptoms, perform a patient-centered problem-H&P, order and interpret the appropriate labs and diagnostic tests if warranted, and recommend lifestyle modification and pharmacological treatment. (B3.03b)

Chronic Care (B3.03a)

1. In an adult patient with hyperlipidemia, interpret the lipid panel and other appropriate laboratory tests and recommend a management plan to include patient education, lifestyle modification, and pharmacological treatment. (B3.03b)
2. Perform an appropriate physical exam, review laboratory results including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus. (B3.03b)
3. In an adult patient with Asthma/COPD, evaluate the patient and adjust the management plan if indicated. (B3.03b)
4. Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.

Preventive (B3.03a)

1. Order colonoscopy screening using current guidelines for patients at risk and low-risk of developing colon cancer.
2. Evaluate the blood pressure of an adult patient to screen for hypertension and educate patients regarding lifestyle modifications if indicated. (B3.03b)
3. Professionally educate patients on smoking cessation.
4. Screen a patient for prostate cancer using current guidelines and clinical presentation

Elderly (B3.03b)

1. Order and interpret a DEXA scan to screen a senior patient for osteoporosis.
2. Screen a senior patient for cognitive changes while performing a problem-focused history and physical exam.

3. Evaluate the ability of a geriatric patient to complete the Activities of Daily Living (ADLs).

Internal Medicine Clinical Rotation (Inpatient Medicine)

Acute (B3.03a)

1. Perform a comprehensive history and physical exam for admission of a hospitalized patient.
2. In a patient in the hospital setting, recommend the appropriate intravenous fluid and oxygen management.
3. Recommend the appropriate intravenous medication management for a patient in a hospital setting.
4. Accurately document an admission note and patient orders for a hospital patient.
5. In a hospitalized patient with anemia, order and interpret a CBC and other diagnostic testing, and recommend management strategies.

Chronic (B3.03a)

1. Monitor a patient with chronic diabetes mellitus and develop a management plan to include glucose monitoring and the appropriate sliding scale insulin regimen.
2. In an adult hospitalized patient with existing hypertension, recommend appropriate continued management.
3. Order appropriate dietary and medication adjustments for a patient on anticoagulant medication.
4. Appropriately round on an inpatient assessing vital signs, laboratory/diagnostic test results, patient status/disposition and document progress note.
5. Evaluate a patient with a chronic respiratory illness (COPD, asthma, etc.) and recommend appropriate continued management.

Elderly (B3.03b)

1. Provide patient-centered education on the risk of household falls in elderly patients. (B3.03a)
2. Screen a geriatric patient for hearing impairment and recommend appropriate management. (B3.03a)
3. Evaluate a geriatric patient for polypharmacy and provide appropriate medication recommendations.
4. Professionally educate geriatric patients on the importance of advanced health care directives under the guidance of the supervising provider.

Pediatric Clinical Rotation

Infant (B3.03b)

1. Perform a well-child exam, elicit a patient-centered history from the parent/caregiver, and assess the developmental milestones of the infant. (B3.03a)
2. Chart the normal development and growth of an infant.

3. Appropriately educate new parents on nutritional considerations, feeding issues, and sleeping positions for infants.
4. Accurately perform age and weight specific drug calculations for common medications like ibuprofen or acetaminophen for an infant.
5. Recommend and educate parents of an infant regarding the appropriate immunization schedule. (B3.03a)

Child (B3.03b)

1. Perform a well child exam on a toddler and child to include a history, developmental milestones, and charting growth and development. (B3.03a)
2. Recommend the appropriate immunization schedule for a toddler or child to include administering an IM/SC injection if warranted. (B3.03a)
3. Appropriately screen children for potential child abuse. (B3.03a)
4. In a child presenting with a fever, elicit a patient-centered problem-focused history, perform an accurate exam, develop a differential diagnosis, and recommend a management plan.
5. Perform an appropriate H&P to include obtaining a throat swab and recommending a treatment plan for a child presenting with upper respiratory/sore throat symptoms.

Adolescent (B3.03b)

1. Perform an appropriate sports/school physical exam on an adolescent patient.
2. Analyze and document the stages of growth and development using Tanner stages for an adolescent patient.
3. Perform patient-centered education for an adolescent patient regarding the importance of HPV and Meningitis vaccines. (B3.03a)
4. Appropriately evaluate an adolescent patient for acne and develop a management plan.
5. Professionally screen an adolescent patient for eating disorders and recommend a management plan to include patient education if indicated. (B3.03a)

Women's Health Clinical Rotation (B3.03b)

Gynecological Care (B3.03c)

1. Elicit an appropriate gynecological history from a female patient.
2. Perform a routine pelvic examination on a female patient to include a Pap smear if indicated by guidelines.
3. For a patient with vaginal discharge, evaluate the patient, form a differential diagnosis and develop a management plan.
4. Appropriately order a screening mammography for a female patient if indicated by current guidelines. (B3.03a)
5. Provide patient-centered education for a female patient regarding contraceptive use. (B3.03a)

Prenatal Care (B3.03c)

1. Perform a prenatal exam on a pregnant female to include fetal heart tones & fundal height.
2. Calculate the dates of confinement and gestational age using date of last menstrual period or abdominal ultrasound.
3. Order the appropriate prenatal screening tests for a patient in the first trimester of pregnancy.
4. Provide appropriate patient education regarding pre-natal care.
5. Professionally screen a pregnant female for elevated blood pressure and recommend a management plan if indicated. (B3.03a)

Behavioral Health Clinical Rotation

1. Elicit a patient-centered problem-oriented psychiatric history using patient-centered techniques. (B3.03e)
2. Perform a problem-focused physical exam and order and interpret diagnostic testing to assist in determining if the patient is presenting with a physical or psychological condition. (B3.03e)
3. Administer the MMSE/MSE and formulate the diagnostic assessment for a patient with change in mental status. (B3.03e)
4. Professionally screen a patient for substance abuse using the CAGE questionnaire, formulate a differential diagnosis, and recommend initial management. (B3.03a, B3.03e)
5. Evaluate a patient for depression using the appropriate criteria and recommend a management plan to include pharmacological treatment. (B3.03e)
6. Appropriately screen a patient for suicidal ideation (B3.03a, B3.03e)
7. In a patient presenting with anxiety, develop a differential diagnosis, and recommend a management plan. (B3.03e)
8. Provide patient education on lifestyle modification to avoid situational stressors. (B3.03a, B3.03e)
9. Write an accurate SOAP note for a patient with a behavioral health complaint. (B3.03e)
10. Appropriately use the DSM V in the diagnosis of psychiatric conditions for behavioral medicine patients. (B3.03e)

General Surgery Clinical Rotation

Pre-operative Care (B3.03d)

1. Perform a patient-centered pre-operative history for an adult surgical patient to include assisting with obtaining an informed consent. (B3.03b)
2. Conduct an appropriate pre-operative physical exam and identify the American Society of Anesthesia (ASA) risk classification status
3. Write an accurate pre-operative note for a surgical patient.
4. In a patient presenting for surgery, appropriately determine if medication adjustments and antibiotic prophylaxis is indicated.

5. Professionally educate a pre-operative adult patient regarding potential post-operative complications. (B3.03b)

Intra-operative Care (B3.03d)

1. Perform appropriate scrubbing, gowning and gloving for a surgical case.
2. Correctly maintain the sterile field while gowned and gloved in the operating room
3. Accurately identify surgical instruments while assisting the surgeon with a surgical case.
4. Assist in the closure of a surgical wound with the proper suturing or stapling technique
5. Write a surgical note including anesthesia regimens utilized for the surgical procedure

Post-Operative Care (B3.03d)

1. Evaluate an adult patient for post-operative pain and recommend a management plan. (B3.03b)
2. Screen an adult patient for a post-operative fever, perform an appropriate history and physical exam, formulate a differential diagnosis, and develop a management plan if indicated. (B3.03b)
3. Correctly change a surgical dressing of a post-operative patient.
4. Write an appropriate post-operative note for a surgical patient.
5. Correctly remove sutures or staples in a post-operative patient returning for follow-up care.

Emergency Medicine Clinical Rotation

Emergent Care (B3.03a)

1. Evaluate an adult patient with chest pain, order and interpret the appropriate diagnostic testing to include an ECG, and recommend a management plan. (B3.03b)
2. Professionally triage patients presenting to the Emergency Department and determine which patients have life-threatening versus non-life-threatening medical conditions.
3. In an adult patient presenting with a fracture or extremity injury, conduct an appropriate history and physical exam to determine vascular and neurological status of the extremity. (B3.03b)
4. Evaluate a patient with dyspnea, order and interpret lab/diagnostic testing to include pulse ox and chest XR, develop a differential diagnosis, and recommend an initial treatment plan.
5. In an adult patient with a sudden onset headache, evaluate the patient and select the appropriate pharmacologic treatment. (B3.03b)

Acute Care (B3.03a)

1. In an adult patient presenting with an extremity injury, appropriately perform a problem-focused history and physical exam, order and interpret laboratory tests/diagnostic imaging to include an x-ray, and properly apply an extremity splint. (B3.03b)
2. Appropriately close a laceration of a patient with skin adhesives or suturing.

3. In a patient with abdominal pain, evaluate the patient, order appropriate diagnostic testing and develop a treatment plan.
4. Perform a patient-centered history and physical exam, order and interpret diagnostic testing, and develop a management plan for an adult patient with back pain.
5. (B3.03b)
6. Write an appropriate emergency department SOAP note.

Orthopedic Surgery Clinical Rotation

Acute Care (B3.03a)

1. Perform a problem-focused history on a patient presenting with an acute musculoskeletal injury.
2. Appropriately conduct a problem-focused physical exam to include specific orthopedic testing on a patient presenting with an acute injury.
3. Accurately interpret a radiograph for a patient presenting with an orthopedic injury.
4. Correctly assist the orthopedic preceptor in application of an extremity splint for an acute injury.
5. While assisting with a surgical case, accurately identify anatomical landmarks pertinent to the orthopedic surgery.

Chronic Care (B3.03a)

1. Perform a problem-focused history and physical exam on a patient presenting for follow-up for a chronic orthopedic condition.
2. Evaluate and appropriately manage a patient with osteoarthritis to include pharmacological care.
3. Correctly refer an orthopedic patient to physical therapy as part of the management plan for a chronic condition.
4. Perform an intra-articular injection using appropriate technique and therapeutic dosing.
5. Professionally provide patient education regarding activity modification for a patient with a chronic musculoskeletal condition.

Elective 1 Clinical Rotation

1. Perform a complete and accurate patient centered medical history effectively adapting to the patient's age, culture and mental status specific to the elective SCPE.
2. Conduct an age-appropriate physical examination with skill, efficiency and maximal patient comfort for a patient in the elective discipline.
3. Provide patient education appropriate for the patient population for the elective clinical rotation to include pharmacological and non-pharmalogoical treatment.
4. Using the clinical presentation of the patient and differential diagnosis, formulate a discipline specific management plan.
5. Complete a SOAP note that is specific to the medical/surgical discipline.

Elective 2 Clinical Rotation

1. Elicit a patient-centered history, perform a physical examination, and document findings for a medical/surgical condition specific to the elective discipline.
2. In a patient with a medical/surgical condition, order and interpret labs/diagnostic tests and formulate a differential diagnosis for a medical/surgical condition specific to the elective discipline.
3. Formulate a management plan for a patient presenting with a medical/surgical condition specific to the elective discipline to include pharmacological management and lifestyle modifications.
4. Counsel a patient regarding a medical/surgical condition, management and follow-up care specific to the discipline of the elective.
5. Accurately document a progress note that is specific to the discipline of the elective rotation.
6. Perform patient education for medication used specifically in the elective discipline to include potential side effects, drug interaction and adherence.

Elective – Special Populations Clinical Rotation

1. Describe the influence of social, cultural and economic factors on access to care and health outcomes for this special population. Recognize and evaluate potential biases, which may impact the unique needs of patients in special population groups.
2. Demonstrate knowledge regarding local or regional resources and community services that address unique needs of this special population of patients.
3. Correctly complete and document a history and physical examination that identifies specific barriers that require consideration to ensure equitable health care.
4. Utilize the special considerations of this unique patient population (specifically their social determinants of health) to develop an appropriate evaluation and management plan.
5. Exhibit empathy and compassion when providing patient education regarding pharmacological and non-pharmacological management.

Appendix B: Sample Preceptor Evaluation of Student

Preceptor Evaluation of Student Performance (End of Rotation Evaluation)

Family Medicine Rotation

Clinical Rotation # 1 2 3 4 5 6 7 8 9 10 11

Please rate Student Performance for the clinical rotation in the following general areas of knowledge and skills:

Rating Scale: **1= Unsatisfactory**
 2= Below Average
 3=Average
 4=Above Average
 5=Excellent

Obtaining a Medical History	1	2	3	4	5
Performing a Physical Examination	1	2	3	4	5
Presenting an Oral Case Presentation	1	2	3	4	5
Documenting Written Patient Record	1	2	3	4	5
Ordering & interpreting Diagnostic Studies	1	2	3	4	5
Clinical Procedures	1	2	3	4	5
Demonstrating Problem-solving/Critical Thinking	1	2	3	4	5
Displaying Medical Knowledge & Concepts	1	2	3	4	5
Formulating a Diagnosis/Differential Diagnosis	1	2	3	4	5
Developing a Management Plan	1	2	3	4	5
Demonstrating Drug knowledge	1	2	3	4	5
Possessing Anatomy/Physiology knowledge	1	2	3	4	5
Providing Patient education	1	2	3	4	5
Providing Prevention/Health maintenance	1	2	3	4	5
Relating to Colleagues/IPE	1	2	3	4	5

Relating to Patients/Interpersonal skills	1	2	3	4	5
Possessing Cultural Awareness/Inclusion	1	2	3	4	5
Understanding Role of PA	1	2	3	4	5
Displaying Self-confidence	1	2	3	4	5
Demonstrating Reliability & Dependability	1	2	3	4	5
Displaying Professionalism	1	2	3	4	5
Displaying Empathy & Compassion	1	2	3	4	5

*The above general knowledge, skills, professionalism areas are used to assess student performance for the clinical rotation much like an End of Rotation examination. This is not used to assess learning outcomes for the Supervised Clinical Practice Experience (SCPE).

Please rate Student Achievement of the following Learning Outcomes specific to the Family Medicine Clinical Rotation:

**Rating Scale: 1= Unsatisfactory
2= Below Average
3=Average
4=Above Average
5=Excellent**

Acute Care (B3.03a)					
In an adult patient presenting with dysuria, evaluate the patient, analyze the urinalysis to recommend pharmacological management. (B3.03b)	1	2	3	4	5
Perform the appropriate throat or nasal culture for a patient presenting with upper respiratory symptoms, conduct a problem-focused history and physical exam, and recommend a management plan.	1	2	3	4	5
Develop a differential diagnosis for a patient presenting with a rash and recommend the appropriate management.	1	2	3	4	5
In an adult patient presenting with heartburn symptoms, perform a patient-centered problem-focused history and physical exam, order and interpret the appropriate labs and diagnostic tests if warranted, and recommend lifestyle modification and pharmacological treatment. (B3.03b)	1	2	3	4	5
Chronic Care (B3.03a)					

In an adult patient with hyperlipidemia, interpret the lipid panel and other appropriate laboratory tests and recommend a management plan to include patient education, lifestyle modification, and pharmacological treatment. (B3.03b)	1	2	3	4	5
Perform an appropriate physical exam, review laboratory results including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus. (B3.03b)	1	2	3	4	5
In an adult patient with Asthma/COPD, evaluate the patient and adjust the management plan if indicated. (B3.03b)	1	2	3	4	5
Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.	1	2	3	4	5
Preventative Care (B3.03a)					
Order colonoscopy screening using current guidelines for patients at risk and low-risk of developing colon cancer.	1	2	3	4	5
Evaluate the blood pressure of an adult patient to screen for hypertension and educate patients regarding lifestyle modifications if indicated. (B3.03B)	1	2	3	4	5
Professionally educate patients on smoking cessation.	1	2	3	4	5
Screen a patient for prostate cancer using current guidelines and clinical presentation	1	2	3	4	5
Elderly (B3.03b)					
Order and interpret a DEXA scan to screen a senior patient for osteoporosis.	1	2	3	4	5
Screen a senior patient for cognitive changes while performing a problem-focused history and physical exam.	1	2	3	4	5
Evaluate the ability of a geriatric patient to complete the Activities of Daily Living (ADLs).	1	2	3	4	5

*Student must achieve all components of a learning outcome to successfully achieve the learning outcome. Students are expected to achieve a 3 or greater on all learning outcomes. If students receive a 2 or below on a learning outcome, they will be required to remediate the learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate below what area of the learning outcome was not achieved:

Please share student strengths:

Please share student weaknesses:

Any additional comments?

Describe your overall satisfaction with Mount St. Joseph University PA students.

Would you be willing to take future Mount St. Joseph University PA students?