



HARDIN-SIMMONS

U N I V E R S I T Y

PHYSICIAN ASSISTANT PROGRAM

Clinical Preceptor Handbook

**2200 Hickory Street
Mabee Hall
Box 16236
Abilene, Texas 79698**

Clinical Education Team

Director of Clinical Education

Tenell Zahodnik, MPAS, PA-C, CAQ-EM

tenell.zahodnik@hsutx.edu

Office: (325) 670-1702

Clinical Coordinator

Esther Castilleja, BS, RRT/RCP

Esther.castilleja@hsutx.edu

Office: (325) 670-1699

Program Director

Tina Butler, DMSc, MPAS, PA-C

Tina.Butler@hsutx.edu

Office: (325) 670-1702

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ACCREDITATION:

Accreditation Status

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

Source: www.arc-pa.org

The ARC-PA has granted **Accreditation-Continued** status to the **Hardin-Simmons University Physician Assistant Program** sponsored by **Hardin-Simmons 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remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*.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 March 2032. 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-hardinsimmons-university/>

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

ARC-PA STANDARDS AND COMPETENCIES

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency that protects the interests of the public and PA profession by defining standards for PA education and evaluating PA educational programs to ensure their compliance with the standards. The current standards can be found at the following link: <http://www.arc-pa.org/wp-content/uploads/2020/12/AccredManual-5th-ed-9.20.pdf>

UNIVERSITY MISSION, PROGRAM MISSION, PROGRAM GOALS:

A. University Mission

It is the mission of Hardin-Simmons University to be a community dedicated to providing excellence in education enlightened by Christian faith and values.

Founded in 1891 by a dedicated group of ministers, ranchers, and merchants, Hardin-Simmons University (HSU) continues its commitment to developing the minds and nurturing the spiritual lives of its students. HSU is a private university located in Abilene, Texas. HSU provides an academically challenging undergraduate education based on a liberal arts foundation and advances scholarly growth by offering specialized graduate and professional degree programs. Combining its commitment to academic excellence and a concern for the development of the total person with a distinctive Christian perspective, Hardin-Simmons serves students through quality educational programs designed to provide *An Education Enlightened by Faith*.

B. Physician Assistant Program Mission

The Hardin-Simmons University PA Program is dedicated to academic excellence in medical education. Our mission is to develop and prepare compassionate, professional PA providers who are committed to life-long leadership, learning, and community service. Our graduates will work as part of the healthcare team to deliver exceptional healthcare to rural West Texas and underserved communities worldwide.

C. Physician Assistant Program Goals

1. Recruit outstanding PA students that display a commitment to community service.
2. Prepare PA students for the practice of medicine as exemplified by:
 - Pass rate on National Certifying Exam that exceeds national average
 - Attainment of employment after graduation.
3. Provide training opportunities for PA students in rural and underserved medical arenas.

Introduction

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

General Goals of the Clinical Year

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

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

Physician Assistant Competencies

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

HSU PA Program Competencies

Upon completion of the program, students are expected to demonstrate competency in the following domains:

1. Medical knowledge,
2. Clinical reasoning and problem-solving abilities,
3. Clinical and technical skills,
4. Interpersonal skills, and
5. Professionalism.

The HSU PA program defined competencies upon graduation are listed below. Course learning outcomes, instructional objectives, technical skill evaluations, and professional development throughout the curriculum are based on these program competencies. Syllabi throughout the curriculum reflect these program competencies and are incorporated in various components with the goal of preparing graduates for clinical practice.

1. Demonstrate acquisition of the medical knowledge required to integrate and apply basic medical sciences to care for patients in clinical settings. (*medical knowledge*)
2. Demonstrate a broad, systems-based knowledge of clinical medicine. (*medical knowledge*)
3. Understand, evaluate, and apply information regarding disease etiology, risk factors, epidemiology, and screening methods to detect conditions in symptomatic and asymptomatic individuals. (*medical knowledge, clinical reasoning & problem solving*)
4. Demonstrate evidence-based clinical reasoning and problem-solving skills required to integrate and apply basic medical sciences to care for patients in clinical settings. (*clinical reasoning & problem solving*)
5. Formulate differential diagnoses, accurate assessments, and appropriate treatment plans and interventions to care for patients. (*clinical reasoning & problem solving*)
6. Correctly interpret diagnostic and laboratory findings appropriate for primary care settings. (*medical knowledge, clinical reasoning & problem solving*)
7. Apply knowledge of responsible prescribing practices for patient care and safety, including display of comprehension of indications, contraindications, side effects, interactions, and adverse reactions related to pharmacologic agents. (*medical knowledge*)
8. Effectively communicate to patients test results, treatment plans, and health-related findings in a culturally sensitive manner while maintaining patient confidentiality. (*interpersonal skills*)
9. Effectively communicate patient information with other members of the healthcare team through oral delivery and written documentation. (*interpersonal skills, clinical & technical skills*)
10. Perform basic diagnostic and therapeutic procedures needed for the evaluation and treatment of a patient. (*clinical & technical skills*)
11. Demonstrate appropriate behavior, respect, and professionalism in the educational and clinical settings. (*professionalism*)

Definition of the Preceptor Role

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

Preceptor Responsibilities

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

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

The Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the PA student and, at all times, adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment are inappropriate and should be avoided. Contact through web-based social networking sites (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the Director of Clinical Education regarding specific school or university policies regarding this issue.

Orientation and Communicating Student Expectations

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

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

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

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

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

Preceptors are not allowed to grant time off approvals.

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

Preparing Staff

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

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

- Student's name
- Student's schedule (when they will be in the office)
- Student's expected role in patient care (active involvement in patient care and not just shadowing the preceptor)
- Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- How patients will be notified and scheduled for the student

Supervision of the PA Student

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor; the preceptor must see every patient after the student. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another **MD, DO, NP, PA, or other similarly licensed professional** who will serve as the student's preceptor for any given time interval. The program must be notified of any shared assignments for vetting and clearance purposes. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the preceptor's responsibility to ensure that the patients are seen, and every procedure evaluated by a supervising physician or preceptor prior to discharge. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is allowed document, and this is explained further in the following "Documentation" section. **The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.**

Informed Patient Consent Regarding Student Involvement in Patient Care

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

Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy

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

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

Prescription Writing

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

Expected Progression of PA student

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

Student Evaluation

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important and will comprise 25% of the total grade for the rotation. On all rotations, a passing evaluation from the preceptor is mandatory. If deemed "not passing", the student will repeat the rotation or undergo remediation specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty. The program will designate how often evaluations need to be completed.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities. **An honest evaluation will help the student identify areas of strengths and weaknesses that will allow them to become better providers.**

Please contact the Director of Clinical Education for specific evaluation forms and policies.

Feedback to Students

While students may have only one formal evaluation during the clinical rotation, it is imperative that they receive feedback in both positive and constructive capacities daily from their preceptors to help improve their clinical performance. An honest evaluation will help the student identify areas of strengths and weaknesses that will allow them to become better health care providers. Please contact the Director of Clinical Education for specific policies regarding student evaluation.

Student Responsibilities

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

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

to them

- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.
- Demonstrate ability to handle and care for diverse populations.

Standards of Professional Conduct

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

- Respect
- Flexibility
- Honesty and trustworthiness
- Accountability
- Cultural competency

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

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

Specific Program Policies

Please refer to the link below to the HSU PA Student Handbook for program-specific policies on the following:

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

[HSU PA Student Handbook](#)

Please also refer to Appendix A for specific policies regarding infectious disease, environmental exposure, and needlesticks found at the end of this handbook.

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination:

<http://www2.ed.gov/about/offices/list/ocr/know.html>

Clinical Site Visit

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

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

The Preceptor-Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the Director of Clinical Education immediately. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the Director of Clinical Education immediately. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

We are pleased to offer a \$400 stipend to preceptors who provide guidance and instruction to our students. Your vital role in medical education is very much appreciated and we are happy to compensate you for your efforts with this token of our gratitude. Thank you for your support!

Additionally, in recognition of our ongoing appreciation of the service provided to our students, we give titles and recognition based on the number of students a preceptor takes per cohort. We highly encourage you to add these titles to your curriculum vitae. Preceptors who precept one to two students per cohort are given the title Clinical Instructor. Preceptors who precept three to four students are given the title Recognized Clinical Instructor. Preceptors who precept five or more students are given the title Distinguished Clinical Instructor.

Liability Insurance

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

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

Preceptor Development

Tools specific to each of the preceptor topics listed below can be found in the electronic copy of this handbook, which can be accessed on the PAEA website at: <http://paeaonline.org/publications/preceptor-handbook/>

- 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

Appendix A

INFECTIOUS DISEASE / ENVIRONMENTAL EXPOSURE/INJURY:

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

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

Standard Precautions

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

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

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

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

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

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

Preceptors and students may access details of this information at any time at the following website:

http://www.cdc.gov/hicpac/2007IP/2007ip_part4.html

Exposure to Blood Borne Pathogens:

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

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

1. **Aggressive local wound care** to the site of exposure should be initiated immediately. Percutaneous wounds should be expressed to promote bleeding. The site should be cleansed thoroughly with soap and water for at least 15 minutes using a surgical hand brush when possible. It may be beneficial to use an antiseptic such as chlorhexidine gluconate (Foam Carer CHG), an iodophor (EZ Scrub, Betadine), or Dakins solution (dilute 1:9 buffered sodium hypochlorite). Difficult to scrub areas should be soaked in chlorhexidine gluconate (Foam Carer CHG) or other antiseptic. Non-intact skin should be cleansed with soap and water for at least 15 minutes. It may be beneficial to use an antiseptic as described above. Mucous membrane exposures (e.g., eye splashes) should be irrigated thoroughly for at least 15 minutes with saline or tap water using the nearest eye washing station (or faucet if none available).
2. **The incident MUST be reported immediately** to the preceptor and/or department manager.
3. Student should seek **immediate** medical care at the nearest Emergency Room. Do not wait until the end of your shift. Students are responsible for all medical expenses related to the incident.
4. Finally, the student must notify the Director of Clinical Education or if unavailable, the Clinical Coordinator or Program Director. In addition, the HSU Physician Assistant Program incident form must be completed and sent to the Director of Clinical Education within 24 hours. **See Appendix C.**

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

Appendix B

Student Injuries

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

1. The injury should be reported to the student's supervisor, instructor, preceptor, or department manager.
2. Students should report to the nearest Emergency Department for treatment.
3. The Director of Clinical Education should be notified as soon as it is possible to do so. The student must notify the Director of Clinical Education or if unavailable, the Clinical Coordinator or Program Director. In addition, the HSU Physician Assistant Program incident form, must be completed and sent to the Director of Clinical Education within 24 hours.

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

IMPORTANT:

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



HARDIN-SIMMONS
UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM

STUDENT INCIDENT FORM

Student Name: _____ ID# _____

Incident Date: _____ Time: _____ AM/PM

Location of Incident: _____

Nature of Injury: _____

Incident Cause: _____

Give brief description of incident, including predominating and contributing causes:

State corrective action taken to prevent recurrence. Indicate if further investigation is warranted:

Did you seek medical care? Yes No

Was clinical preceptor notified? Yes No Name: _____

Date/Time of Report: _____

Date/Time/Method PA Program Notified: _____

Report reviewed by: _____

Signature of Student Injured: _____

Appendix D

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

Description of “Competent” for Preceptor Mid-Rotation Evaluation

Medical Knowledge

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Clinical Reasoning

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Interpersonal Skills

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Professionalism

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Technical/Procedural Skills

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

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

Preceptor Guide for End-of-Rotation Evaluation

Knowledge and Skills

Basic and Medical Science Knowledge

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

History

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Physical Exam

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Medical Decision Making: Differential diagnosis, Interpretation of Diagnostic Studies, Developing and Implementing Treatment Plans

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Written and Oral Presentations

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Technical/Procedural Skills

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Behavioral

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

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Knowledge of Healthcare System: Understanding Provider Role, Interpersonal Skills

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

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

(Rotations 1-3)

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

(Rotations 4-6)

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

(Rotations 7-10)

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

Appendix E



Clinical Preceptor Handbook Acknowledgement

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

I fully understand this information and hereby agree to abide by the Physician Assistant program policies contained within the Hardin-Simmons University Physician Assistant Program Preceptor Handbook.

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

Preceptor Signature: _____ Date: _____

Printed Name: _____

Submitted via Adobe E-sign