

Preceptor Handbook

Tips, Tools, and Guidance for Physician Assistant Preceptors

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UNIVERSITY

School of Medicine

Physician Assistant Program

Creighton University PA Program – Phoenix

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Introduction

We would like to take this opportunity to express our sincere gratitude to you, our preceptors, for your contributions and dedication to this program and our physician assistant (PA) students. The clinical experiences that students gain in your practice are vital to their success in our program. The clinical setting synthesizes concepts and applications of principles for quality health care delivery. As a clinical preceptor, you are the key to successful learning experiences in the clinical setting. Working closely with you, the PA student learns from your expertise, advice, and example. The student progressively develops and strengthens the skills and clinical judgment necessary to become a practicing PA through your supervision. 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 medical knowledge and skills to supervised clinical practice
- Advance clinical reasoning and problem-solving skills
- Expand and strengthen the medical fund of knowledge
- Master the art of history-taking and physical examination skills
- Refine oral presentation and written documentation skills
- Broaden understanding of the PA role in health systems and healthcare delivery
- Apply principles of diversity and inclusion to patient-centered care
- Develop interpersonal skills and professionalism necessary to excel as part of a medical team
- Experience a wide variety of patient demographics, types of patient encounters, and clinical settings representative of the breadth and depth of PA scope of practice
- Prepare for the Physician Assistant National Certifying Exam (PANCE)

Core Competencies for New Physician Assistant Graduates

“Core Competencies for New Physician Assistant Graduates” identify the knowledge, skills, attitudes, and behaviors that all PA students should be able to demonstrate by the end of their PA training program. There are 47 specific competencies related to knowledge, abilities, or skills that are measurable and observable. These competencies are explicitly tailored for PAs entering practice for the first time and were developed using the “Competencies for the PA Profession” foundation.

The Core Competencies for New Physician Assistant Graduates are organized using the following eight domains:

1. Patient-centered practice knowledge
2. Society and population health
3. Health literacy and communication
4. Interprofessional collaborative practice and leadership
5. Professional and legal aspects of health care
6. Health care finance and systems
7. Cultural humility

8. Self-assessment and ongoing professional development

More details are available on the PAEA website:

<https://paeaonline.org/our-work/current-issues/core-competencies>

Note: The Creighton University PA Program - Phoenix Competencies are presented later in this document.

Definition of Preceptor Role

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

Preceptor Responsibilities

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

- Orient each student at the start of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
- Review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism to ensure high-quality patient care.
- Delegate increasing levels of responsibility based on a student's experience and expertise.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Timely evaluation of medical case presentations (including both oral and written)
 - Assignment of outside readings and self-directed study to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Review student medical documentation to evaluate their clinical reasoning and documentation skills and add supplementary documentation when necessary.
- Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
- Complete and return the student evaluation forms to assess performance and improvement throughout the supervised clinical experience.
- Promptly notify the PA program of any circumstances that might interfere with student safety or wellness and events that interfere with accomplishing the above goals or cause the overall quality of the experience to be diminished.

The Preceptor–Student Relationship

The preceptor should always maintain a professional relationship with the PA student in the clinical setting and adhere to appropriate professional boundaries. Social activities and personal relationships outside the professional learning environment should be avoided to circumvent placing the student or preceptor in a compromising situation. Contact through web-based social networking platforms (e.g., Facebook, Instagram) should be avoided until the student completes the educational program. Please consult the clinical coordinator regarding specific school or university policies.

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 medical team member. It also establishes a feeling of enthusiasm and belonging to the team and helps students develop the functional capability to work more efficiently.

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

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

Expectations can include:

- Schedule expectations, including typical hours, general attendance, call schedules, or overnight and weekend schedules
- Interactions with office and professional staff
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral medical case presentations
- Written medical documentation
- Assignments
- Anything else that the preceptor thinks is necessary

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

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

Preparing Staff

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

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

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

Supervision of the PA Student

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching or designate an alternate preceptor. Educational continuity should be maintained when using multiple preceptors. The program does not assign resident physicians as primary preceptors nor rely on resident physicians for clinical instruction. Although the supervising preceptor might not be with a student during every shift, it is essential to assign students to another MD, DO, PA, NP, or certified midwife who will serve as the student's preceptor for any given time interval. Sharing preceptorship duties exposes students to important variations in practice style and feedback, which can help learners develop the professional personality that best fits them. If supervision is not available, students may be given an assignment or spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be valuable. The preceptor should always be aware of the student's assigned activities.

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 site. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor evaluates and sees all the patients seen by the student. The preceptor can provide direct supervision of technical skills with gradually increased autonomy per the PA student's demonstrated level of competency. However, every patient must be seen, and every procedure evaluated before patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Guidelines for Medicare patients are slightly different in terms of what a student can document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to examine, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

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

Documentation

If allowed by the preceptor and facility, PA students may enter information in the medical record. Writing a brief note that communicates effectively is a critical skill PA students should develop. Students will be 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."

Preceptors are required to document the services they provide and review and edit all student documentation. Students' notes are legal and are contributory to the medical record. 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.

Preceptors should clearly understand how different payers view student notes related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator or director of clinical education. The preceptor cannot bill for the services of a student.

EMRs (electronic medical records) can present obstacles for students if they lack a password

or are not fully trained in using a specific institution's EMR system. In these cases, students are encouraged to handwrite a note and review it with their preceptors for feedback whenever possible.

Medicare Policy

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

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

Prescription Writing

Students may write or input electronic prescribing information for the preceptor, but the preceptor must sign/send all prescriptions. The student's name is not to appear on the prescription. The preceptor MUST log into the system under their password for clinical rotation sites that use electronic prescriptions and personally sign and send them. Students should practice handwriting prescriptions on clinical rotations where the opportunity to electronically input prescriptions is not available.

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 create an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students may observe patient encounters initially. 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, they should progressively increase supervised autonomy. Suppose the preceptor thinks that a student is not performing clinically at the expected level for where they are in their training. In that case, they are encouraged to address their concerns with the student and director of clinical education early in the rotation.

Student Evaluation

The preceptor's evaluation of the student is critical and typically serves as the primary mechanism for feedback to the program regarding a student's ability to meet the learning outcomes for the rotation. Preceptors are encouraged to discuss the evaluation with the student, focusing on strengths and opportunities for growth. Documentation regarding student performance is strongly encouraged. Preceptors are also encouraged to familiarize themselves with the program's syllabus and evaluation tools and reach out to the program with any questions. When completing evaluations, considerations should be given to the timing of the rotation (student's first versus last rotation), the student's application of preceptor feedback, and if there was an improvement or lack of development throughout the rotation.

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

Please see the section in this handbook on *Grading/Evaluation Procedure*. Contact the clinical coordinator for specific evaluation forms and policies relating to the Student Handbook.

Feedback to Students

While students may have only two formal evaluations during the clinical rotation, they must regularly receive constructive feedback from their preceptors to help improve their clinical performance.

Daily or weekly check-ins with the student can provide avenues to address any student questions and encourage dialogue between the student and preceptor.

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, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral medical case presentations, and document findings.
- Assist with, perform, and interpret standard lab tests, diagnostics tests, or procedures.
- Complete any assignments, tasks, and presentations as assigned by their preceptor.
- Educate and counsel patients across the lifespan regarding health-related issues.
- Attend and engage in clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them.
- During the clinical phase, demonstrate emotional resilience and stability, adaptability, and flexibility.

Standards of Professional Conduct

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

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

The professional conduct of PA students is evaluated on an ongoing basis throughout the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and the physician assistant program.

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

Creighton University PA Program – Phoenix Policies:

Attendance Policy

- Students are expected to be in attendance daily, and as requested, to follow the preceptor's schedule, which may include evenings, nights, shift-type work, and/or weekends. The time for arrival and departure will be determined by each site and preceptor. Students are expected to clarify all schedule issues with the preceptor on the first day of the rotation. During clinical rotations, students will follow the schedule of their specific clinical rotation site and/or preceptor and are expected to obtain a minimum of 40 contact hours per week plus any additional on-call nights/weekends scheduled by the preceptor. Completion of the minimum required time does not imply the student should stop participating in clinical experiences. The program may occasionally make unannounced phone calls or visits to clinical sites to verify student attendance.
- Following the ACGME's *Maximum Hours of Clinical and Educational Work Per Week* rule, the PA program requires students to be limited to 60 hours of work per week and 16 hours of continuous work, or "time on task" in a 24-hour period. Students should be allowed at least one day in seven (7) off.
- Students are allowed up to five (5) days of absence during the clinical phase of the program. The student must notify their preceptor and the director of clinical education or clinical coordinator via email or phone before any absence, if possible. All absence requests must be approved by the director of clinical education.
- Students must meet the minimum hour requirement for each rotation. Should an absence prevent the student from meeting this requirement, make-up time and/or assignments may be required and will be determined by the preceptor and/or the program.
- Students will be excused from work on [observed University holidays](#). Work may be required on days adjacent to these holidays, depending on the nature and expectations of the clinical rotation.
- Students will also be excused from clinical rotations for PA program recognized breaks and other required activities.

Student Dress Code

- Students participating in any clinical activity during all phases of the program are expected to observe a professional dress code, including closed-toe shoes. In all clinics, a short white coat with the student's name tag and the PA emblem will be worn with appropriate dress to reflect a professional or business appearance (e.g., no blue jeans, shorts, athleisure wear, tennis shoes, etc.).
- Neat personal grooming and hygiene are expected. Nails should be clean and short, long hair pulled back, and students should refrain from wearing excessive perfume/cologne. Tattoos

and/or piercings should not be offensive or impede the ability of the student to effectively function in a clinical setting. Any tattoos that may be considered obscene, vulgar, or offensive must always be covered.

- Dress should always be at or above the level of dress expected in the clinic/site. In certain rotations, the requirement for the white coat may be waived by the preceptor; however, the student MUST always be identified by their Creighton University identification badge.

Grading/Evaluation Procedures

During the clinical phase of the program, student academic and professional performance will be monitored through various means and all courses will be graded on a Pass/Fail basis. The preceptor is responsible for completing mid- and end-of-rotation evaluations of the student during the third and final weeks of the rotation, respectively.

- Grades for Supervised Clinical Practice Experiences (SCPE) will be assigned as follows:
 - Satisfactory Honors/Pass (SH):
 - Received “Exceptional Achievement” for all components of the End-of-Rotation Evaluation, and
 - Achieved a passing score on their *initial* EOR exam, and
 - Submitted all clinical rotation documents.
 - Satisfactory/Pass (SA):
 - Received “Achievement” and/or “Above Achievement” for any components of the End-of-Rotation Evaluation, and
 - Achieved a passing score on their EOR exam, and
 - Submitted all clinical rotation documents.
 - Unsatisfactory/Fail (UN): Fails to meet the minimum requirements for the rotation as defined by:
 - Received a “Below Achievement” or “Unsatisfactory” for any component of the End-of-Rotation Evaluation, or
 - Scored below the passing cutoff for an EOR exam retake attempt, or
 - Failed to complete or submit any required clinical rotation document.

The End-of-Rotation Evaluation allows the student, preceptor, and program to assess the student’s clinical progress and achievement of learning outcomes over the rotation period. In addition to the learning outcomes, students will be evaluated on performance, including general knowledge, skills, and professionalism.

Student Case Logging

- Students will log information regarding the patients' demographics, procedures performed, and the level of care provided in the PA program data management system (eClas).
- Students will be trained to de-identify all patient logging information.
- Patient logging data for each student will be monitored regularly by the director of clinical education, clinical coordinator, or medical director to ensure they meet

program learning outcomes for the rotation type and setting.

Clinical Rotation Objectives and Learning Outcomes

- Please refer to the rotation syllabus for specific instructional objectives and learning outcomes.

Preceptor and Site Evaluations

- Sites and preceptors are initially evaluated to ensure they meet minimum requirements to provide students with a suitable educational experience. Preceptor and site evaluations will be conducted on an ongoing basis utilizing student evaluations of sites and preceptors, student logging data, student performance data, and site visits on a routine or as-needed basis.

HIPAA Training

- Before clinical experiences, all students will be trained in the Health Insurance Portability and Accountability Act (HIPAA) medical privacy regulations. Students must demonstrate continuous compliance with these regulations throughout the program.

Blood-borne Pathogens Training

- Safety is an important objective for students and patients. Before starting clinical experiences, students receive training per the requirements of the Occupational Health & Safety Administration (OSHA) on Universal Precautions and are provided information regarding the appropriate methods of handling blood, tissues, and bodily fluids, as well as dealing with the management of communicable diseases. Each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients. It is the student's responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the discretion of the clinical affiliation personnel.
- In case of suspected exposure to potentially infectious blood or body fluids, students must stop any current activity and follow the University's Exposure to Infectious Diseases in Clinical Settings guidelines and procedures found at:
<http://www.creighton.edu/researchservices/ehs/policiesandprocedures/exposuretoinfectiousdiseasesinclinicalsettings/>.
- Guidelines and procedures for care and treatment after exposure to infectious or environmental hazards can be found on the School of Medicine's student handbook page online at:
https://medschool.creighton.edu/sites/medschool.creighton.edu/files/student_exposure_to_infectious_and_environmental_hazards_guideline.pdf.

Immunization, Background Check, and Drug Screening Requirements

- Students are required to comply with the Creighton University immunization, technical standards, background check, and drug screen policies during their program of study. Some clinical facilities have additional requirements for students rotating at their facility, including,

but not limited to additional paperwork, drug/alcohol/background screenings, fingerprinting, immunization requirements, etc. **When applicable, these additional requirements, including any associated costs, are the responsibility of the student.** Please refer to the PA Program Student Handbook for more specific information on the program's background check and drug screening procedures.

Sexual Harassment and Assault Resources

- Creighton University believes that individuals should be treated with respect and dignity and that any form of harassment, discrimination, sexual and/or relationship misconduct is a violation of human dignity. Victims and witnesses of harassment, discrimination, sexual and/or relationship misconduct should immediately report the details to the Office of Title IX and Civil Rights Compliance at:
 - James Nitta, J.D.
Associate Director
602.812.4590
Jamesnitta@creighton.edu
- 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>.

Substance Use, Including Drugs and Alcohol

- Under no circumstances may students consume alcohol prior to or during educational activities, during clinical interaction with patients, or while providing patient care of any kind.
- The PA Program – Phoenix adheres to the Creighton University definition of alcohol misuse or abuse of alcohol located within the Creighton University Student Handbook: https://studentlife.creighton.edu/sites/default/files/media/2021_2022_student_handbook_final.pdf.
- The PA Program – Phoenix adheres to the Creighton University illegal drug policy: https://studentlife.creighton.edu/sites/default/files/media/2021_2022_student_handbook_final.pdf

Diversity and Inclusion Strategies

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. A 2020 report from the NCCPA indicates that 80.8% of practicing PAs identify as white.ⁱ Additionally, a Diversity Standard (A1.11) was added to the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) 5th Edition Standards. PA programs continue to develop recruitment and retention efforts to support medically underserved populations. Furthermore, students must be provided with opportunities to demonstrate their ability to understand and care for diverse patient populations. Clinical preceptors can contribute to these efforts using some of the following strategies:

1. Recognize that students come from a variety of backgrounds with differences that contribute to variations in habits, practices, beliefs, and/or values.ⁱⁱ

2. Encourage the discussion of personal biases and/or fears at the beginning of the rotation and ongoing as needed.
3. At the beginning of the rotation, the preceptor should discuss any considerations unique to the practice setting and patient population. Additionally, the preceptor may provide the student with suggested resources for further research on the unique practice settings and patient population.
4. Intentionally seek opportunities for students to care for patients with diverse backgrounds, habits, practices, beliefs, and/or values.
5. Engage the student in dialogue about their encounters with diverse patients and team members and provide formative feedback regarding their interactions and perceptions.
6. Encourage the student to challenge their own beliefs and understand the impact on their care of patients and development as compassionate, inclusive learners.
7. Provide opportunities for the student to interact with community outreach activities as available at the clinical site and in the local community.
8. Encourage students to engage in conversations about health equity and social determinants of health.

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

The Preceptor–Program Relationship

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

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

Liability Insurance

Each PA student is fully covered for liability insurance by the PA program/university for any clinical site with a fully executed and valid affiliation agreement. Students completing a formal elective rotation with a preceptor or clinical site that might become an employer must maintain a “student” role in the clinic and should not assume an employee’s responsibilities until after completing the PA program and successful certification and licensure. This includes appropriate routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This relationship is vital in preserving the professional liability coverage provided by the PA program/university and is critical to protect both the student and the employer if a patient seeks legal action. Even more concerning is the occasional opportunity or suggestion from a potential employer that a student participates in patient

care activities outside of the formal rotation assignment before PA program completion. While these opportunities may be appealing and are seemingly benign, they must be avoided, as the university's liability coverage does not cover the student in these circumstances.

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

Creighton University PA Program – Phoenix Specific Topics

- The Creighton University PA Program – Phoenix is seeking Accreditation-Provisional status from the Accreditation Review Commission for the Physician Assistant (ARC-PA).
- The program is 28 months in length, with 12 months of didactic coursework and 16 months of clinical training.
 - There are ten six-week clinical rotations (family practice, surgery, internal medicine, emergency medicine, pediatrics, psychiatry/behavioral health, women's health, an inpatient selective rotation, and two elective rotations).
- The program's mission is to foster a tradition of excellence by transforming learners into compassionate physician assistants who are dedicated to exemplary patient care. Rooted in our Ignatian heritage, we empower students to realize their full potential through a commitment to professional growth and service to humanity.
- Preceptor benefits include access to our online library; Preceptor Honorarium (based on employer conditions); AAPA Category 1 CME for PA preceptors; preceptor development; opportunities to lecture, facilitate small group activities, and proctor assessments; as well as a contributing-service faculty appointment in Creighton University's School of Medicine.

Preceptor Development Resources

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

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

They combine some of the committee's resources with the best precepting practices outlined in the literature.

Additional resources for preceptors can be found in the Preceptor Channel within the PAEA

Digital Learning Hub: <https://paea.edcast.com/channel/preceptor-development> Ask your clinical coordinator to download and share these resources if you do not have access.

Creighton University PA Program – Phoenix Competencies

1. **Patient-Centered Practice Knowledge:** Provide compassionate, patient-centered, and evidence-based medical care that is effective for the treatment of health problems and the promotion of health while utilizing up-to-date scientific evidence to inform clinical reasoning and clinical judgment.
2. **Health Literacy and Communication Skills:** Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families/support systems, and health professionals while engaging in shared decision-making with patients and honoring the patients' unique personal, cultural, and social values.
3. **Interprofessional Collaborative Practice:** Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.
4. **Professionalism and Ethics:** Demonstrate a commitment to professional behaviors and responsibilities, and adherence to ethical principles.
5. **Systems-Based Practice:** Demonstrate an awareness of and responsiveness to the larger context and system of health care to deliver high-quality, safe, patient-centered care.
6. **Self-Assessment and Ongoing Professional Development:** Demonstrate an awareness of personal and professional limitations and develop plans and interventions for addressing gaps.
7. **Cultural Humility:** Demonstrate the ability to exercise a state of openness toward understanding and respecting important aspects of other people's cultural identities.

ⁱ National Commission on Certification of Physician Assistants, Inc. (2021). *2020 Statistical Profile of Certified Physician Assistants: Annual Report*. <https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf>.

ⁱⁱ Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019). *Accreditation Standards for Physician Assistant Education*. 5th edition. <http://www.arc-pa.org/wp-content/uploads/2021/03/Standards-5th-Ed-March-2021.pdf>.