

# North Greenville University Department of PA Medicine

## Preceptor Handbook

(Related to ARC-PA Standards B3.0 Curriculum and Instruction)

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(All previous versions are archived and are obsolete)

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## **INTRODUCTION**

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

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

The Department of PA Medicine (DPAM) exists to support the mission of North Greenville University, which promotes community awareness and service. Therefore, the mission of the Department of PA Medicine supports and augments the mission of the College.

#### **1.1 Department of PA Medicine Mission Statement**

Develop well-informed and compassionate PAs who provide patient centered and service oriented medical care in diverse environments.

#### **1.2 Department of PA Medicine Vision Statement**

Transform health care for the benefit of the people and communities

#### **1.3 Department of PA Medicine Core Values**

The DPAM embraces the following core values: (1) compassion, (2) service, (3) leadership, and (4) up-to-date medical knowledge.

#### **1.4 Department of PA Medicine Core Goals**

The DPAM affirms its core values as essential to fulfilling the program mission statement and is committed to the institutional values as statements of its culture and environment. DPAM goals support:

##### **1.4.1 Goal 1**

PA employment as a primary care provider

##### **1.4.2 Goal 2**

PA employment in the Upstate and other regions of South Carolina

##### **1.4.3 Goal 3**

PA employment in underserved populations and areas

##### **1.4.4 Goal 4**

PA volunteerism in community-sponsored organizations such as free medical clinics, search and rescue teams, emergency response groups, and fire departments

##### **1.4.5 Goal 5**

PA volunteerism in medical mission work at a national and international level

### **ARTICLE 2.0 GENERAL GOALS OF THE CLINICAL YEAR**

During the second year of training, students build upon the knowledge and skills, taught during the didactic year, through experiential learning in ten Supervised Clinical Practice Experience (SCPE) setting. Settings include (1) family medicine I (FM clinic), family medicine II (acute care at an urgent care clinic), family medicine III (primary care in an inner city free clinic or remote village in a developing country), (4) internal medicine, (5) pediatrics, (6) prenatal and gynecology, (7) emergency medicine, (8) general surgery, (9) psychiatry/mental health, and (10) an elective of

choice. PA Education Association (PAEA) 'end of rotation' exams and two 'rotation assessment days' (RAD) (students return to campus for presentations and testing) will be used throughout the year. Minimum benchmark goals – related to patient exposure and procedures– have been established and are outlined in each SCPE syllabus. In general, the ten (10) clerkships should expose students to the following:

- Preventive, emergent, acute and chronic care across the life span to include infants, children, adolescents, adults, and the elderly
- Women's health to include prenatal and gynecologic care
- Surgical management (pre, intra, and post-operative)
- Psychiatric/mental health conditions

### **ARTICLE 3.0 PA GRADUATE COMPETENCIES AND OUTCOMES (For Entire Program)**

- CLC1 Perform and Record a Complete and Accurate Medical History
- CLC2 Perform a Complete and Problem-Focused Physical Examination
- CLC3 Establish a Working Diagnosis and Differential for Non-Emergent Condition/s
- CLC4 Order, Perform and Interpret Diagnostic Procedures and Lab Tests
- CLC5 Identify, Discuss, Perform, and Order Therapy and Treatment
- CLC6 Recognize Life Threatening Conditions
- CLC7 Effectively Communicate with Patients, Families, and other Medical Personnel
- CLC8 Demonstrate the Impact Health Problems have on Individuals and Families
- CLC9 Utilize Critical Thinking Skills through the use of Evidence-Based Medicine
- CLC10 Articulate the Unique Role of the PA in the Medical Team
- CLC11 Possess a Working Knowledge of the American Health Care System
- CLC12 Exhibit Ethical Behavior and Professional Conduct

### **ARTICLE 4.0 PRECEPTOR ROLE AND RESPONSIBILITIES**

All SCPE preceptors will work closely with NGU's Program Director, Medical Director, and the Director of Clinical Education. With few exceptions, the Director of Clinical Education will function as the SCPE course director and deal with all issues related to NGU PA students to include logistics. The Medical Director will work closely with the Director of Clinical Education and will be available whenever needed.

#### **Article 4.1 Responsibilities**

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

- Provide appropriate orientation to the PA students of the NGU DPAM. This includes, but is not limited to, addressing appropriate facility/site specific security and safety measures.
- Provide to NGU DPAM current written and applicable facility/site-specific requirements, policies, rules and/or regulations, if any, prior to the beginning of PA student's practicum.
- Designate at least one qualified professional preceptor to supervise and assess the PA student's progress and provide performance evaluations of the students to NGU DPAM. The designated site preceptor(s) is subject to NGU DPAM approval.
- Ensure that professional preceptor(s) and clinical site supervisor(s) have current, appropriate licensure and/or certification as required to practice in the state where the facility/site is located. The preceptor must be credentialed as an MD, DO, PA-C or NP.
- Maintain comprehensive premises and professional liability insurance coverage of not less than one million U.S. dollars (\$1,000,000) single occurrence, three million U.S. dollars

(\$3,000,000) aggregate, or engage in a facility specific self-insurance program which provides coverage in this amount.

- Provide the opportunity and guidance for clinical learning experience and training for students by allowing them to accompany the Preceptor or the Clinical Site supervisor within the institution.
- Provide the PA student with the opportunity to participate in patient care under the Preceptor's/Clinical Site's supervision to accomplish clinical learning outcomes as outlined in the practicum syllabus provided by NGU DPAM.
- Provide precautions to ensure that PA students will not be used to substitute for clinical or administrative staff, and while on the premises or rendering care to patients, ensure that NGU DPAM students are at all times identified visibly and with appropriate insignia as NGU DPAM students (student identification will be provided by NGU DPAM).
- Extend to the PA student the privilege of attending on-site professional meetings that may be advantageous to the student's professional growth.
- Recognize that the PA student is on a learner status and shall not render patient care beyond the student's level of expertise, and that such care shall be supervised appropriately by Preceptor.
- Retain full responsibility for and supervision of the care rendered by the students, and assure that their practices are within the standards of care for their experience and training.
- Assure that the practice activities assigned to students in a clinical setting are appropriate to the NGU DPAM.
- Permit NGU DPAM faculty to visit preceptor/clinical site for the purposes of ascertaining that NGU DPAM learning outcomes for the practicum are being met.
- Evaluate the performance of assigned student(s), adhering to the guidelines set by the NGU DPAM, using an evaluation form that is supplied by the University.
- Preceptor shall have the right to request a student be withdrawn from the clinical placement for good cause.

The Director of Clinical Education will assign the final SCPE grades (using a myriad of tools to include feedback from the SCPE preceptor). Preceptor data used in the grading process includes formal evaluations on performance (after one week and at end of rotation) and professionalism (at end of rotation).

#### **ARTICLE 5.0 THE PRECEPTOR-STUDENT RELATIONSHIP**

The preceptor should maintain a professional relationship with the PA student and always adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, MySpace) 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.

#### **ARTICLE 6.0 ORIENTATION AND COMMUNICATING STUDENT EXPECTATIONS**

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

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

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

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

#### **ARTICLE 7.0 PREPARING STAFF**

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward 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 direct patient care
- How patients will be scheduled for the student

## **ARTICLE 8.0 SUPERVISION OF THE PA STUDENT**

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

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

## **ARTICLE 9.0 INFORMED PATIENT CONSENT FOR STUDENT INVOLVEMENT IN CARE**

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a PA student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA 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.

## **ARTICLE 10.0 DOCUMENTATION**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or is 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.

**ARTICLE 11.0 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 document 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>

**ARTICLE 12.0 PRESCRIPTION WRITING**

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

**ARTICLE 13.0 EXPECTED PROGRESSION OF PA STUDENT**

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

**ARTICLE 14.0 STUDENT EVALUATION**

At the end of the SCPE clerkships, the preceptor will evaluate the student on performance and professionalism. The performance evaluation accounts for 25% of the SCPE grade; the professionalism evaluation accounts for 5% of the grade (see rubrics below).

Assignment	Due Date
SCPE Preceptor Evaluation of Student Performance	Last Wednesday (during final week) of SCPE rotation
SCPE Preceptor Evaluation of Student Professionalism	Last Wednesday (during final week) of SCPE rotation

Preceptor evaluations are an integral part of the student assessment and NGU places a heavy portion of the rotation grade on this feedback. Two rubrics are used. The first rubric evaluates graduate/course competency and course learning objective attainment. The second rubric evaluates professionalism.

Below is an example of the student performance rubric, taken from the Family Medicine Clerkship syllabus. **Please note, prior to each rotation start date, the Director of Clinical Education will provide each preceptor with a copy of their clerkship specific student performance rubric.**

**Rubric 1 Discussion:** Evaluates graduate/course competencies and learning objectives. Each objective supports at least one of the competencies. In addition, objectives focus on the type of patient seen and treatment given. For example, types of patients can include children, adolescents, adults, elderly, and gynecologic. Treatment options include preventive, acute, and chronic. This

rubric allows preceptor ratings of outstanding competence (high functioning student PA), excellent competence (above average student PA), competent (beginning student PA), poor competence (below student PA level), and failure. For the FM SCPE, the passing score is 46 (46 is converted to 83% [B], 55 to 87% [B+], 62 to 90% [A-], and 69 to 93% and above [A]). If the student rubric grade is below 46 (total) or any one item area is below the two (2) mark, remediation is required (by student mentor or Director of Clinical Education). If remediation is done, the maximum grade in the area remediated is 2. Any assessment area with a 'failure' or 0 score will require remediation, probation, and referral to the Academic Progress and Professionalism committee.

Assessment Area	Competence (4) Outstanding Performance (High Functioning Student PA)	Competence (3) Excellent Performance (Above Ave Student PA)	Competence (2) Satisfactory Performance (Beginning Student PA)	Competence (1) Poor Performance (Below PA Student Level)	Failure (0) (Jeopardizes patients)
Perform and Record a Complete and Accurate Medical History					
Perform a Complete and Problem-Focused Physical Examination					
Establish a Working Diagnosis and Differential for Non-Emergent Condition/s					
Order, Perform and Interpret Diagnostic Procedures and Lab Tests					
Identify, Discuss, Perform, and Order Therapy and Treatment					
Effectively Communicate with Patients, Families, and other Medical Personnel					
Demonstrate the Impact Health Problems have on Individuals and Families					
Utilize Critical Thinking Skills through the use of Evidence-Based Medicine					
Articulate the Unique Role of the PA in the Medical Team					
Possess a Working Knowledge of the American Health Care System					
Exhibit Ethical Behavior and Professional Conduct					
Care for a child seeking preventive care					
Care for a child seeking acute care					
Care for a child seeking chronic care					
Care for an adolescent seeking preventive care					

Care for an adolescent seeking acute care					
Care for an adolescent seeking chronic care					
Care for an adult seeking preventive care					
Care for an adult seeking acute care					
Care for an adult seeking chronic care					
Care for an elderly patient seeking preventive care					
Care for an elderly patient seeking acute care					
Care for an elderly patient seeking chronic care					
<b>Total for Each Column</b>					

### 14.1 Preceptor Evaluation Form – Professionalism

**Rubric Discussion:** This rubric evaluates the student competency of professionalism. Specifically, this rubric looks at altruism, duty and responsibility, excellence, interpersonal skills and relationships, and honor and integrity. For this rubric, the passing score is 10 (10 is converted to 83% [B]; 12 to 87% [B+], 13.5 to 90 [A-]; 15 to 93 and above [A]). If the student rubric grade is below 10 (total) or any one item area is below the two (2) mark, remediation is required (by student mentor or Director of Clinical Education). If remediation is done, the maximum grade in the area remediated is 2. Any assessment area with a ‘failure’ or 0 score will require remediation, probation, and referral to the Academic Progress and Professionalism committee.

	Competence (4) Outstanding Performance	Competence (3) Excellent Performance	Competence (2) Satisfactory Performance	Competence (1) Poor Performance	Failure (0) (Jeopardize s patients)
Altruism (selfless concern for the well-being of others)					
Duty and Responsibility (desire and commitment to satisfactory perform or complete a task)					
Excellence (excelled; superior performance)					
Interpersonal Skills/Relationships (ability to communicate and interact with others)					
Honor and Integrity/Code of Conduct (respectful and honest behavior)					
<b>Total for Each Column</b>					

### **ARTICLE 15.0 FEEDBACK TO STUDENTS**

While students have only one performance and one behavior evaluation/s during the clinical rotation, it is imperative that they receive regular positive and constructive feedback on a weekly basis from their preceptors to help improve their clinical performance.

### **ARTICLE 16.0 STUDENT RESPONSIBILITIES**

In addition to adhering to the standards of professional conduct outlined in the handbook, students are expected to perform the following during their clinical rotations (please refer to Article 3.0 for additional detail on SCPE related competencies and outcomes):

- Perform and Record a Complete and Accurate Medical History.
- Perform a Complete and Problem-Focused Physical Examination.
- Establish a Working Diagnosis and Differential for Urgent and Non-Emergent Conditions.
- Order, Perform, and Interpret Diagnostic Procedures and Laboratory Tests.
- Identify, Discuss, Perform, and Order Therapy and Treatment Modalities.
- Recognize Life-Threatening Conditions and Stabilize Patients.
- Effectively Communicate with Patients, Families, and other Medical Personnel.
- Demonstrate the Impact Health Problems have on Individuals and Families.
- Utilize Critical Thinking Skills through the use of Evidence-Based Medicine.
- Articulate the Unique Role of the PA in the Medical Team.
- Possess a Working Knowledge of the American Health Care Delivery System.
- Exhibit Ethical Behavior and Professional Conduct.

### **ARTICLE 17.0 STANDARDS OF PROFESSIONAL CONDUCT**

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

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

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the 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 PA program.

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

### **ARTICLE 18.0 SPECIFIC PROGRAM POLICIES**

Please refer to the following link (<http://www.ngu.edu/pa-student-handbook.php>) where the "Student Policy Handbook" can be downloaded and the following is addressed:

- Workman's Compensation (Article 6.4)
- Drugs and alcohol (Article 27.5)
- Timeliness and lateness (Article 19.2.3.2)

- Needle stick procedure (Article 6.0; 30.0)
- HIPAA training (Article 5.3; 30.0)
- Blood-borne pathogens training (Article 6.0; 30.0)
- Immunization requirements (Article 5.4.1)
- Background check (Article 5.1)
- Drug testing (Article 5.2)
- Sexual harassment and assault resources (Article 9.1; 9.2)

### **ARTICLE 19.0 THE PRECEPTOR-NGU PA MEDICINE 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. If a preceptor has a question or concern about a student, they should contact the Director of Clinical Education. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

### **ARTICLE 20.0 LIABILITY INSURANCE**

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

In addition, if a PA student is working in a paid position in a different health-care 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.

## ARTICLE 21.0 CURRICULUM MAP/CLERKSHIP CONCEPT

		January				February				March				April				May				June				July				August				September				October				November				December							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
<b>Pre-Clinical (Didactic) Education - First 12 Months</b>																																																					
Year 1	Break	<b>Spring I</b>																		<b>Summer I</b>												<b>Fall I</b>																		Break			
		-PA Profess -EB M -Pop Health -Funct/Prev -Pharm -Lab Orient	-Human Anatomy I -Pathophysiology I -Medical Practice I (with PBL) -Physical Diagnosis I (with PBL) -Clinical Methods & Procedures I (with PBL) -Pharmacotherapy Principles I (with PBL) -Pediatric Medicine I (with PBL) -Geriatric Medicine I -Critical Thinking I (with PBL and IP) -Special Populations (First 5 weeks) -Psychiatry/Mental Health (Last 10 Weeks)	Finals	Break	-Human Anatomy II -Pathophysiology II -Medical Practice II (with PBL) -Physical Diagnosis II (with PBL) -Clinical Methods & Procedures II (with PBL) -Pharmacotherapy Principles II (with PBL) -Pediatric Medicine II (with PBL) -Geriatric Medicine II -Critical Thinking II (with PBL and IP) -Health Care Ethics (First 5 weeks) -Health Care Policy (Last 5 weeks)	Finals	Break	-Human Anatomy III -Pathophysiology III -Medical Practice III (with PBL) -Physical Diagnosis III (with PBL) -Clinical Methods & Procedures III (with PBL) -Pharmacotherapy Principles III (with PBL) -Pediatric Medicine III (with PBL) -Geriatric Medicine III -Critical Thinking III (with PBL and IP) -Foundations of Surgery -Global Health (includes 1 week intensive lab) -Foundations of Emergency Medicine (includes 1 week intensive lab)	Finals	Transition to Clerkships	Break																																									

Body System Topics by Term (Spring I-B)			
Dermatology	5%	3 wks	
Hem/Onc/Infectious Disease	6%	4 wks	
HEENT	9%	4 wks	
Neurology	6%	3 wks	

Body System Topics by Term (Summer I)			
Cardiovascular	16%	6 wks	
Pulmonology	12%	5 wks	

Body System Topics by Term (Fall I-A)			
Gastroenterology/Nutrition	10%	4 wks	
Endocrine	6%	3 wks	
Genitourinary/Reproductive	14%	4 wks	
Musculoskeletal	10%	4 wks	

<b>Clinical Education - Second 12 Months</b>																										
Year 2	Break	<b>Spring II</b>								<b>Summer II</b>						<b>Fall II</b>				<b>Summative</b>		Grad				
		SCPE1		SCPE2		SCPE3		SCPE4		SCPE5		SCPE6		SCPE7		SCPE8		SCPE9		SCPE10			Sum			
		Week 2 - 5		Week 6 - 9		Week 10 - 13		Week 14 - 17		Week 20 - 23		Week 24 - 27		Week 28 - 31		Week 33 - 36		Week 37 - 40		Week 41 - 44			Week 45 - 48			
Teamwork/Communication for Healthcare (Online)																RAD	RAD	Break								

SCPE Clerkships Occur in the Following	
Behavior Medicine	4 weeks
Emergency Medicine	4 weeks
General Surgery	4 weeks
Internal Medicine	4 weeks
Prenatal and Gynecology Medicine	4 weeks
Pediatric Medicine	4 weeks
Family Medicine I	4 weeks
Family Medicine II (Acute Care)	4 weeks
Family Medicine III (Underserved)	4 weeks
Elective	4 weeks

SCPE Clerkships Occur in the Following	
Behavior Medicine	4 weeks
Emergency Medicine	4 weeks
General Surgery	4 weeks
Internal Medicine	4 weeks
Obstetrics and Gynecology Medicine	4 weeks
Pediatric Medicine	4 weeks
Family Medicine I	4 weeks
Family Medicine II (Acute Care)	4 weeks
Family Medicine III (Underserved)	4 weeks
Elective	4 weeks

SCPE Clerkships Occur in the Following	
Behavior Medicine	4 weeks
Emergency Medicine	4 weeks
General Surgery	4 weeks
Internal Medicine	4 weeks
Obstetrics and Gynecology Medicine	4 weeks
Pediatric Medicine	4 weeks
Family Medicine I	4 weeks
Family Medicine II (Acute Care)	4 weeks
Family Medicine III (Underserved)	4 weeks
Elective	4 weeks

*\*This schedule is subject to change*

## ARTICLE 22.0 GRADING MAP

Assessment Tool	Learning Competencies	Learning Objectives	Percentage of Grade
PAEA End of Rotation Exam or Presentation (FMII, FMIII, and Elective)	1 – 11 or 1 – 12	1 – 11 or 1 – 12	20%
Focused History & Physical Examination Assignment. Due on Second Sunday of Rotation	1 – 6, and 8 or 1 – 7, and 9	1 – 6, and 8 or 1 – 7, and 9	10%
Comprehensive History & Physical Examination Assignment. Due on Third Sunday of Rotation	1 – 6, and 8 or 1 – 7, and 9	1 – 6, and 8 or 1 – 7, and 9	15%
CORE ELMS Documentation, Weekly Write Ups, and Log Book Completion. Due each Sunday of Rotation	1 – 8; 1 – 9	1 – 8; 1 – 9	20%
Preceptor Evaluation of Student Performance Due on Last Wednesday of Rotation	1 – 11 or 1 – 12	1 – 11 or 1 – 12	25%
Preceptor Evaluation of Student Professionalism Due on Last Wednesday of Rotation	6, 9, and 11 or 7, 10, and 12	6, 9, and 11 or 7, 10, and 12	5%
Student Evaluation of Preceptor and Site Due on Last Wednesday of Rotation	6, 9 or 7, 10	6, 9 or 7, 10	5%
<b>Total</b>			<b>100%</b>

## ARTICLE 23.0 PRECEPTOR DEVELOPMENT

Tools specific to each of the appendices listed below can be found in the electronic copy of this handbook, which can be accessed on the PAEA website at: [www.PAEAonline.org](http://www.PAEAonline.org), under Preceptors and also under Faculty Resources (see following appendices).

- A. Evaluation and Teaching Strategies
  - The One-Minute Preceptor
  - Feedback and Reflection: Teaching Methods for Clinical Settings
  - Characteristics of Effective Clinical Teachers
- B. Providing Effective Feedback
  - Getting Beyond “Good Job”: How to Give Effective Feedback
  - Feedback: An Educational Model for Community-Based Teachers
- C. Managing Difficult Learning Situations
  - Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
  - Provide Difficult Feedback: TIPS for the Problem Learner
- D. Developing Expectations
  - Setting Expectations: An Educational Monograph for Community-Based Teachers

## **NGU DEPARTMENT OF PA MEDICINE CURRICULUM HANDBOOK REVIEW**

The handbook has been reviewed and approved by the (1) Program Policy and Procedure Committee, (2) Program Evaluation Committee, (3) PA Medicine Program Director, and the (4) University Senior Staff

### **Approval Date**

Original: December 10, 2015 (Dr. J. Samuel Isgett; Dr. Gregory Davenport)

Review Approval: July 30, 2017

### **Signature/s**



Jordan Hairr, MSPAS, PA-C  
Program Director for the Department of PA Medicine

### **Review Process**

The NGU DPAM Admissions Committee will gather and analyze data on a regular basis; the next annual review, however, is set for December 2016.

NGU DPAM Policy and Procedure Committee reviewed this document on February 23, 2016 and unanimously approved it.

- December 22, 2016. Document reviewed for content
- July 30, 2017. Dropped V1.xx in title. All changes will be added to this bullet list when they occur. Review of policy done today and new curriculum map added.
- August 3, 2017. General context reviewed, compared to individual SCPE syllabi, and edited.
- September 28, 2017. General context reviewed and edited to reflect changes.
- November 29, 2017. Updated curriculum map.
- February 5, 2018. General context reviewed and edited to reflect new SCPE syllabi changes
- March 21, 2018. Updated Article 22.0 Curriculum Map/Clerkship Concept for 2019 Clinical Year
- May 23, 2018. Updated contact information for the Director of Clinical Education

## **Appendix A Evaluation and Teaching Strategies**

### **The One-Minute Preceptor**

This resource outlines five “microskills” essential to clinical teaching.

<http://www.im.org/p/cm/ld/fid%3D712>

### **Feedback and Reflection: Teaching Methods for Clinical Settings**

This article describes how to use these two clinical teaching methods effectively.

<https://uthscsa.edu/gme/documents/FeedbackandReflection.pdf>

### **Characteristics of Effective Clinical Teachers**

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors. <https://www.stfm.org/fmhub/fm2005/january/tamara30.pdf>

## **Appendix B Providing Effective Feedback**

### **Getting Beyond “Good Job”: How to Give Effective Feedback**

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback. <http://pediatrics.aappublications.org/cgi/reprint/127/2/205>

### **Feedback: An Educational Model for Community-Based Teachers**

This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios. <http://www.snhahec.org/feedback.cfm>

## **Appendix C     Managing Difficult Learning Situations**

### **Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers**

These documents outline strategies for both preventing and managing difficult learning situations. <http://www.snhahec.org/diffman.cfm>

### **Providing Difficult Feedback: TIPS for the Problem Learner**

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations. <http://www.snhahec.org/diffman.cfm>

## **Appendix D    Developing Expectations**

### **Setting Expectations: An Educational Monograph for Community-Based Teachers**

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. <http://www.snhahec.org/expectations.cfm>